DOCUMENT RESUME

ED 176 484 EC 120 541

TITLE	County Agents for Children. Final Report. Part I.
INSTITUTION	George Peabody Coll. for Teachers, Nashville Tenn. John F. Kennedy Center for Research on Education and Human Development.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.; National Inst. of Mental Health (DHEW), Rockville, Md.; Rehabilitation Services Administration (DHEW), Washington, D.C.
PUB DATE	31 Mar 76
GRANT	OEC-0-72-5313
NOTE	209p.; Document may not reproduce well in hard copy due to color of paper in the original; For related information, see EC 120 542-543
EDRS PRICE	MF01/PC09 Plus Postage.
DESCRIPTORS	*Child Advocacy; *Childhood Needs; *Children; *Child Welfare; *State Programs
IDENTIFIERS	*County Agents for Children (Tennessee); *Tennessee

ABSTRACT

The document, over two-thirds of which consists of attachments, presents Part I of the final report on a child advocacy research and demonstration program in Tennessee, called County Agents for Children. The program established four county agents as general advocates for children in four rural counties, with roles modeled after those of county agricultural agents. They developed procedures to identify unfilled expressive and instrumental needs of children in the counties and to insure the meeting of these needs by increasing the knowledge and understanding of child development among parents, families, community clubs, and other organizations. The county agents promoted understanding of the findings of research in education and child development in a manner similar to that used by county agricultural agents in their own field, and also promoted improved coordination and linkage among community systems important to children. Data and experiences relating to the program, procedures, and objectives are reported with a view toward replicating the program elsewhere. Included in the attachments are such things as examples of reading material furnished to agents, infant mortality charts, a summary of services to children and adults, a performance discrepancy chart, and job descriptions. (Author/DLS)

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FINAL REPORT

PART I

Project Number 223553
Grant Number OEG-0-72-5313

COUNTY AGENTS FOR CHILDREN

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Project Director

The John F. Kennedy Center for Research on
Education and Human Development

George Peabody College for Teachers
Nashville, Tennessee 37203

March 31, 1976

The research reported herein was performed pursuant to grants with the Office of Education, U. S. Department of Health, Education, and Welfare; the National Institute of Mental Health, and the Rehabilitation Services Administration of the U. S. Department of Health, Education, and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official positions or policies of the funding agencies.

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ABSTRACT

This Child Advocacy Research and Demonstration Program established four County Agents for Children as General Advocates in four rural counties, with roles modeled after that of County Agricultural Agents. They developed procedures to identify unfilled expressive and instrumental needs of children in the counties and to procure the satisfaction of those needs by increasing the knowledge and understanding of child development by parents, families, community clubs and organizations and three sets of systems described in the proposal as the Key Integrating Systems of Society, the In Trouble Systems, and the Institutional Care Endeavors. The County Agents promoted understanding of the findings of research in education and child development by the foregoing agencies in a manner similar to that used by County Agricultural Agents. They also promoted improved coordination and linkage among community systems important to children. Data and experiences relating to the program, procedures, and objectives are reported with a view toward replicating the program elsewhere.

FINAL REPORT

Grant No. OEG-0-72-5313

Date of Submission: March 31, 1976

Name of Institution: George Peabody College for Teachers

Name of Project Director: Floyd Dennis

Title of Project: COUNTY AGENTS FOR CHILDREN

Funded by: Bureau of Education for the Handicapped, National Institute of Mental Health, and Rehabilitation Services Administration of the United States Department of Health, Education, and Welfare.

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Signature of Contract Officer

Floyd Dennis
Signature of Project Director

Date

March 31, 1976
Date

COUNTY AGENTS FOR CHILDREN FINAL REPORT

PART A. Background Information.

This project is one of several projects jointly funded by the Bureau of Education for the Handicapped, the National Institute on Mental Health, and the Social and Rehabilitation Services (Office of Developmental Disabilities).

The federal goals were as follows:

(1) Demonstrate and evaluate disparate models of child advocacy.

(2) Continue the child advocacy systems, if successful, after federal funding ends.

(3) (Package) and disseminate widely the results of successful child advocacy systems.

(4) Identify components of child advocacy which are exportable, singly or in combination, to agencies wishing to establish other child advocacy models.

(5) Identify aspects of child advocacy programming which relate to child advocacy legislation; i.e., identify what practices most efficiently affect legislative components.

(6) Discover unique child advocacy systems which need to be demonstrated and evaluated.

(7) Evaluate a repertoire of needs assessment techniques and instruments which are exportable.

At the start, County Agents for Children directly involved three rural counties in Tennessee with a population of 29,605 children, age 18 and below. One county adjoined Metropolitan Nashville-Davidson County, one county is in rural West Tennessee with a population that is more than 50% black, and the third county is in a rural setting in Middle Tennessee with a minority population of less than 15%. During the final 12 months of the 3-1/2 year project, an additional county, Williamson County, with funds appropriated by

the county court plus funds provided by the Tennessee Department of Mental Health and Mental Retardation and funds provided by this project, established a County Agent for Children in that county as an employee of the county government.

County Agents for Children was modeled after the County Agricultural Extension Service Program that was originally referred to as "County Agents." Each county had one full-time County Agent and a half-time secretary with an office located in the county seat. The central office was located in a research center concerned with education and child development which is a part of a college for teachers located in Nashville, the state capital of Tennessee.

From the outset, the program had a systems bias. This resulted especially from the influence of Project Re-ED and the writings of Dr. Nicholas Hobbs. As noted in the original proposal,

> "We assume that the child is an inseparable part of a small social system, of an ecological unit made up of the child, his family, his school, his neighborhood, and community. The system may be 'go' as a result of marked improvement in any component, or it may work as result of modest improvement in all components.
>
> "...The task is to get the child, family, school, neighborhood, and community just above the threshold in the requirement that each component makes of the other component."

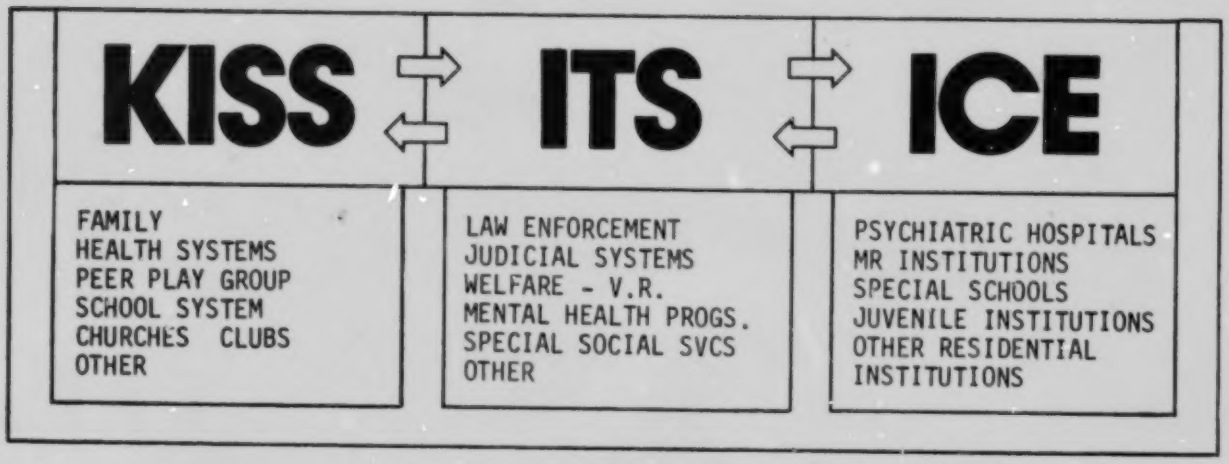
It was our assumption that the process of integrating children into society in America commences before birth and continues into adulthood, and involves at least three sets of systems that have been evolved for that purpose. We refer to those three sets of systems as the Key Integrating Systems of Society (KISS), the In Trouble Systems (ITS), and the Institutional Care Endeavors (ICE). Here's the way we described the systems.

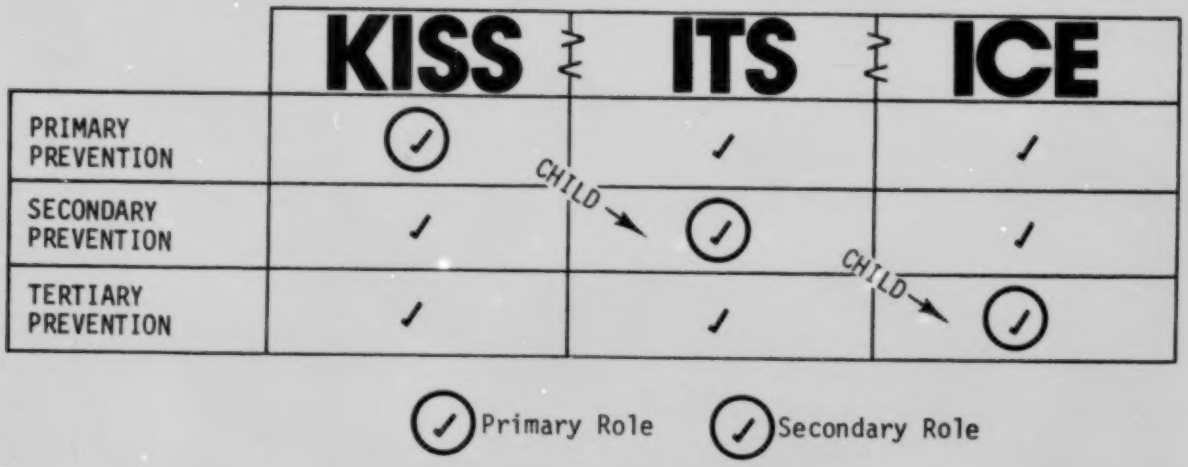
"In addition to the nuclear family, the Key Integrating Systems include the Health System, Peer Play Groups, the Schools, possibly the Churches, Boys Clubs, and other agencies (depending upon the scope of the adjective 'Key'). The In Trouble Systems include the Law Enforcement System, the Court System, Welfare and other Social Service Agencies, Community Mental Health programs, Diagnostic and Evaluation Programs, Vocational Rehabilitation Services, and so on. The Institutional Care Endeavors include Facilities for Juvenile Delinquents, Psychiatric Hospitals, Prisons, Residential Schools for the Handicapped, such as the blind, the deaf and the retarded, and perhaps other specialized residential facilities which are to some degree insulated from the common society.

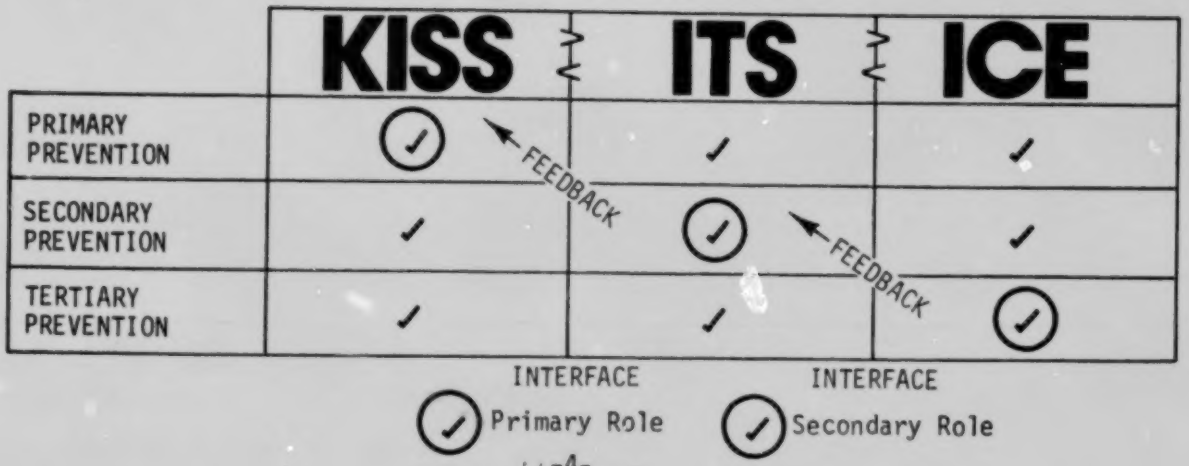
"It is the role of the Key Integrating Systems of Society to assist each child in developing those elements of behavior required to adapt to the demands of society at the level of complexity our society expects in each stage of the child's development. This is done by teaching coping skills, (e.g., walking, speaking, reading, socializing, etc.) and by eliminating those behaviors which are seen as deviant at certain stages of development or in certain situations (bedwetting, crying, thumb sucking, acting out, etc.). From a prevention standpoint, the Key Integrating Systems can be seen as charged with eliminating behaviors (or dependency) inappropriate for the developing child's life stage. If the child fails to respond within the degree of tolerance of the Key Integrating Systems, he is generally given additional labels, (e.g., unruly, delinquent, truant, dependent, dyslexic, emotionally disturbed, and the like.) This label generally signals a turning to the In Trouble Systems to assist in bringing the behavior under control or an abandonment by the Key Integrating Systems of some or all of the instrumental and expressive functions regarding the child. With a degree of frequency many experts in child development are commencing to question, the use of In Trouble Systems (or shifting the burden to the In Trouble Systems) results in assigning to the Institutional Care Endeavors the responsibility for continuing virtually all of the instrumental and expressive functions for the child at a place apart from where the Key Integrating Systems function. Thus the child is extruded from the Key Integrating Systems and into the In Trouble Systems or the Institutional Care Endeavors."

This is depicted visually on a chart on the next page.

A basic assumption of our proposal was that the reliance on the Institutional Care Endeavors would be reduced if the Key Integrating Systems better performed the instrumental and expressive functions necessary to


KISS
ITS
ICE
FAMILY
HEALTH SYSTEMS
PEER PLAY GROUP
SCHOOL SYSTEM
CHURCHES CLUBS
OTHER
LAW ENFORCEMENT
JUDICIAL SYSTEMS
WELFARE - V.R.
MENTAL HEALTH PROGS.
SPECIAL SOCIAL SVCS
OTHER
PSYCHIATRIC HOSPITALS
MR INSTITUTIONS
SPECIAL SCHOOLS
JUVENILE INSTITUTIONS
OTHER RESIDENTIAL
INSTITUTIONS


KISS
ITS
ICE
PRIMARY PREVENTION
SECONDARY PREVENTION
TERTIARY PREVENTION
CHILD
CHILD
Primary Role
Secondary Role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FEEDBACK
FEEDBACK
INTERFACE
INTERFACE
Primary Role
Secondary Role

meet the needs of children. We posited that improved performance could be fostered by a general advocate modeled after the County Agricultural Agent augmented, where needed, by a volunteer citizen advocate as described by Wolfensberger: "A mature, competent citizen representing, as if they were his own, the interests of another..."

We proposed to address these questions:

(1) If it has been demonstrated that parents can be made more effective in performing the instrumental functions of advocacy for their children, can research findings be more effectively communicated to parents in a specific community, county, or other area?

(2) If parents are avoiding performing some of the instrumental functions that they are presently capable of performing in the mistaken belief that they should be performed or could more effectively be performed by specialists associated with generic agencies, can they be stimulated to resume these functions by a County Agent for Children?

(3) Can a County Agent for Children make parents and parent surrogates more aware of the importance of the expressive functions in ways that will induce them to assume the expressive role more effectively?

(4) To what degree can the Key Integrating Systems of Society, the In Trouble Systems, and the Institutional Care Endeavors improve their performance of the expressive role toward children? If these agencies can improve their expressive roles, can general and individual advocates substantially contribute to such improvement?

(5) Where there are no parents or where the improved performance of parents and other generic agencies still leaves deficits for individual children, can effective ways of pinpointing these deficits and filling them be developed by general (County Agents) and individual advocates (volunteers)?

Our original proposal said, "The objective of this proposal is to demonstrate that these five questions can be answered in the affirmative."

PART B. General Considerations.

Subsequent to the funding of County Agents for Children, the United States Department of Health, Education, and Welfare, Office of Child Development, Children's Bureau, published a report called CHILD ADVOCACY -- REPORT OF A NATIONAL BASELINE STUDY.

The study reviewed several definitions of child advocacy and recommended this definition:

> "Intervention on behalf of children in relation to those services and institutions that impinge upon their lives."

These national reporters cited another definition that seemed to be relevant to the County Agents Program:

> "Child advocacy is activity on behalf of children which is designed to change systems rather than relate to individual case problems. While individual or case or group situations may be the focal point to generate systems change, the crux of advocacy cannot be from case to case, but must be intended to solve the problem of an entire class of cases through systems change."

The baseline study reported that advocacy processes are unstudied (page 11). This was elaborated and emphasized in Chapter 3, which sought to distinguish personal helping services from child advocacy.

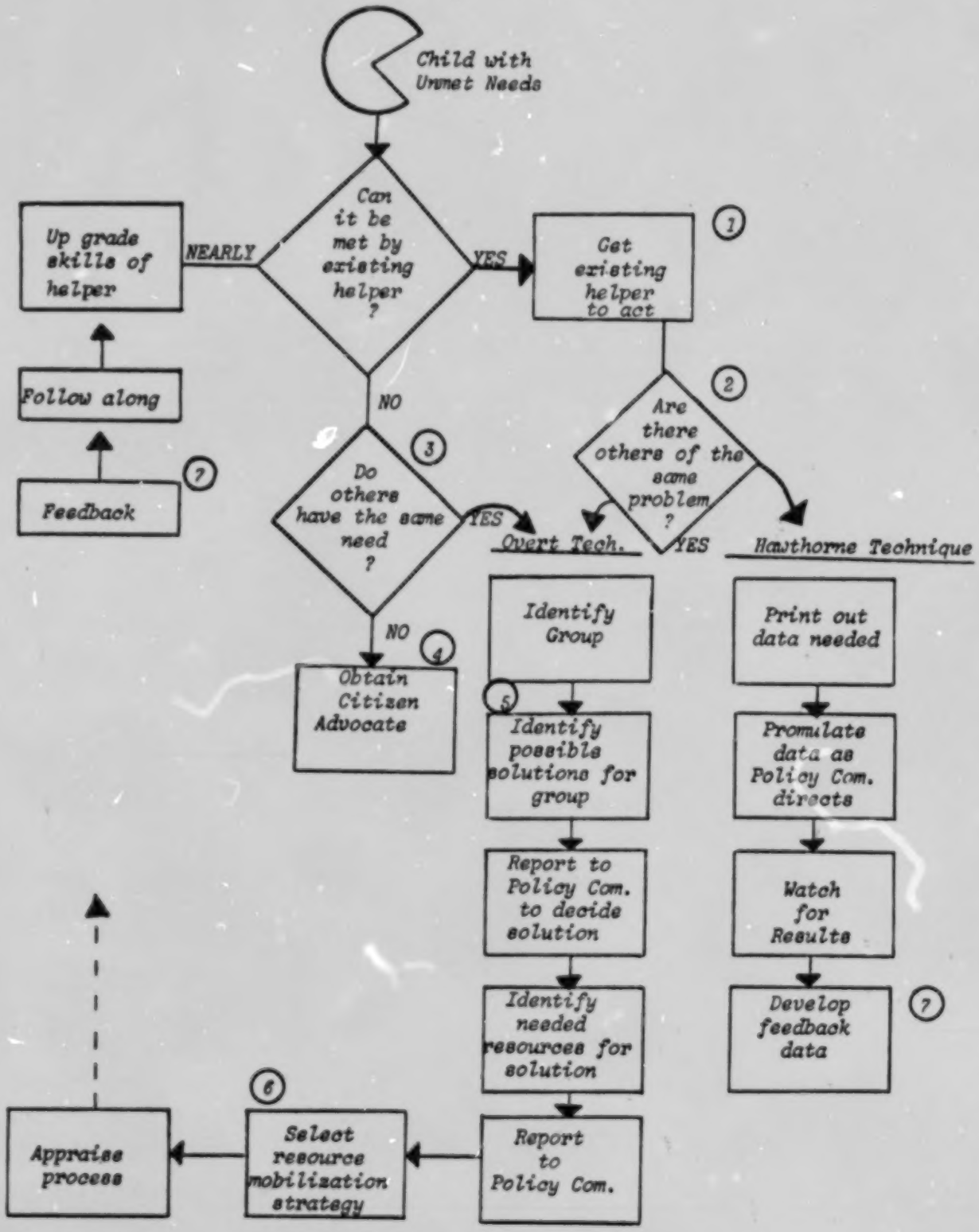
> "Child advocacy, as it is evolving in the best programs, shifts the focus to the individual's transactions with institutions and to the transactions among institutions with reference to the interests of specific individuals or classes of people. For child advocates, the major institutional systems are health, education, welfare, the courts and correctional systems, and child care agencies. The purpose of shifting the focus to these and other institutions is not to remove parental responsibility or undermine parental competence. The latter are built on and enhanced when possible, and help is given only if requested and appropriate. Child advocacy begins when parent and child need help or at least cooperation from schools, health services, and other critical institutions with which the family comes into close contact in the modern world, but that cooperation

> does not evolve normally or in response to what individuals request... Sometimes, to change or bend institutional networks so that they serve children better, the target of advocacy must be the planning systems, the budget, the nature of service arrangements, and any other service or administrative function. Any function, process, method, or structure may be the target of advocacy at some time, but that does not mean that all functions, methods and structures are synonymous with advocacy... Advocacy's targets, then, are not always entire systems. Sometimes [they]...are the processes...sometimes they are the professional cadres...the 'intervention' may be adversarial, but it may also be benign -- deriving its support from value consensus and the ability draw on widely accepted knowledge and concepts of rights. The 'action' or 'intervention' in our definition of advocacy therefore includes (but is not limited to) help, support, suggestion, education, pressure, demands, confrontations, and legal action."

On the next page is a heuristic chart or decision-making chart which we evolved in County Agents for Children to help assure that we avoided as much as practicable two things. First, it avoided the tendency credited to the early child welfare and child protection movement by the reporters that said of child welfare and child protection agencies, "Many of them have retained the flavor of 'child saving'; most of them, in fact, have stressed structural alternatives to natural families..." It was our hope not only to avoid developing alternatives to natural families but also avoid seeking structural alternatives to the other Key Integrating Systems. Second, the decision-making chart caused us to seek ways of obtaining a value concensus and focus on the nature of transactions between children and their families on one side and significant other systems on the other side. We will discuss this chart in more detail later on in this report.

The reporters observed, "Money defines the program's boundaries -- e.g., its policies, location, clientele, and sometimes even its goals."

STRATEGY FOR MEETING NEEDS



This is true. A County Agent was designed to ultimately be funded and operated in a manner similar to the Agricultural Extension Service Agents. The agent would be associated with a development and research institution and funded by government with monitoring and guidance from local policy boards. The target funders for County Agents for Children were the state government and local communites. Thus both the model and reality dictated that County Agents for Children should utilize adversarial and judicial intervention strategies sparingly if at all. Common experience seems to teach that state and local governments will not continue to finance and support programs that seek system change through adversarial and judicial intervention, even though it officially recognizes such intervention from self-advocacy groups and from volunteer advocates.

PART C. Orientation of the County Agents.

The central office of County Agents for Children was located in the John F. Kennedy Center for Research on Education and Human Development at George Peabody College for Teachers in Nashville, Tennessee, This facility is one of 12 national research centers particularly concerned with mental retardation and human development.

Once the County Agents were selected and employed, they spent from one to three weeks working out of the central office.

One of our objectives was to have the County Agent meet people with whom they could reasonably be expected to have significant relationships in the future. They were given the standard tour through the Kennedy Center. Here they saw a slide show that explained the many programs and research projects concerning child development and education. They then saw demonstration and model programs in action. Subsequently, we arranged for them to have personal interviews with special educators, psychologists, counselors, and other specialists in child development.

Thereafter, they met the members of the State Policy Board that were in the central office of state agencies with whom they would work. A policy member with Public Health spent considerable time acquainting the Agent with the activities, programs, and problems of the Department of Public Health. He introduced the new Agent to other Public Health officials and furnished them copies of reports and publications they should read. They were also told of unique circumstances in counties where they would be working. The same thing occurred at the Department of Education with

emphasis particularly on special education and vocational rehabilitation. At the Department of Mental Health, emphasis was on developmental disabilities. Following these three contacts, arrangements were made for interviews at the Department of Public Welfare, the Office of Child Development, and the Commission on Children and Youth.

Concurrently with the interviews, the Agents were studying the initial grant application and, with the Agents employed after the project was under way, they were made familiar with the reporting forms, record keeping needs, and general procedures. The subsequent Agents also visited the office of the other County Agents. They were made familiar with the index to the various books and publications which were accumulated at the central office. This ultimately included more than 1000 different resource materials.

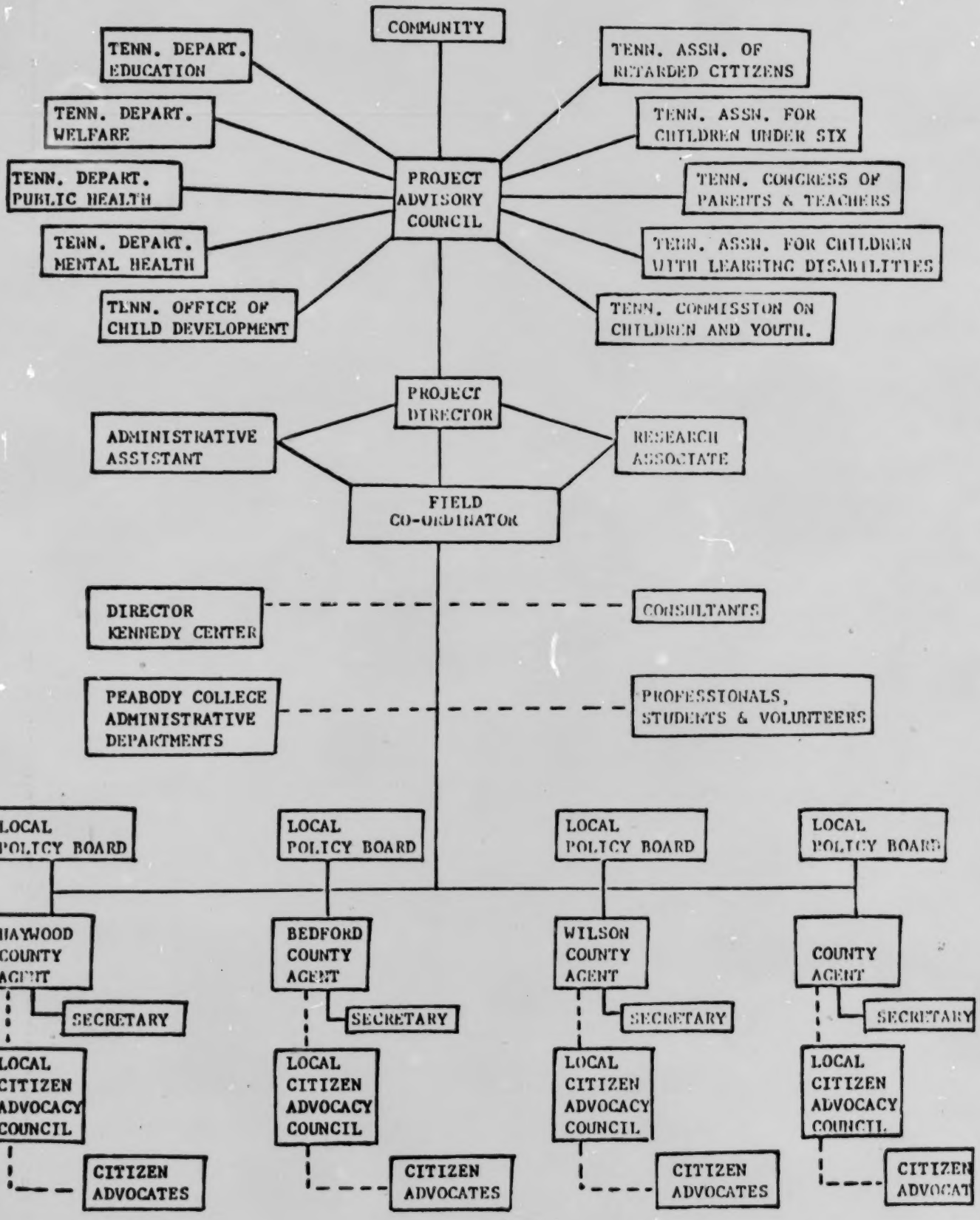
They were acquainted with general demographic data concerning their counties and the State of Tennessee.

Of particular importance was an understanding of how to write quantifiable objectives and how to analyze problems. Two of the most helpful booklets on this are ANALYZING PERFORMANCE PROBLEMS, by Robert Mager and Peter Pipe; and Robert Mager's book, WRITING INSTRUCTIONAL OBJECTIVES. Both are published by the Fearon Publishers of Belmont, California.

During the initial orientation, the Agents were making contacts with their policy boards (or in the case of two of the first Agents, those who would become members of their policy boards) back in their home communities. When the orientation at the central office was completed, the work of the Agents commenced in earnest in their own county.

The Agents' complex relationships to others are illustrated on the chart on the next page. Job descriptions are given in Attachment XX.

ORGANIZATIONAL CHART



PART D. Getting Started Locally.

After initial orientation of the County Agents, the first step in achieving each of the objectives is collecting, compiling, and analyzing relevant data. (See Attachment I.) There are several kinds of data needed. In the counties, we broke the data collection process down by using these general process goals:

(a) In each county, identify and describe unmet needs of children,

(b) In each county, identify and describe children with unmet instrumental and expressive needs,

(c) Identify and understand methods and techniques that have been used elsewhere to meet the kinds of needs identified,

(d) Locate, identify, and describe resources available in or near to the community.

A most productive way to identify community needs, children, and resources was this: each Agent committed himself or herself to these objectives:

OBJECTIVE 1) At the rate of 4 per week, I will obtain information (sufficient to later prepare a directory of services) concerning agencies and programs important to the children in my county by personal interviews with people associated with the program.

OBJECTIVE 2) At the rate of 4 per week, I will identify and meet four people important to children in my county. I will learn of their interest and ways we can work together for children.

Attachments II through V show the forms we used to record the information and to chart the performance of each Agent toward achieving the goals.

Working on these objectives helped us in many ways. Program people cooperated since they would gain a directory of services for children in the county. Because they wanted us to be correct, they took time to discuss details of their programs. They found out more about who we were and allowed us to explain that our role was not intended to be adversarial but would seek to bring together needs, techniques for meeting needs, and needed resources, in a need-fulfilling way.

During this process, we came to know personally directors or staff and this made it easier to link consumers needing their program's services with their program.

One technique used in the interview was to ask for recommendations concerning whom we should see that was particularly important to children. We also obtained their personal recommendations about programs they value as especially important to children.

Armed with these recommendations, we promptly contacted those recommended. Here we made it a point to report that "So and So" explained to us that you (or your program) is very important for us to know because it is very valuable to children. This accomplished several things. For the previous interviewees, it demonstrated we were willing to give weight to their opinions and act on them. Also, by passing on their compliments we were able to contribute to an atmosphere of cooperation and trust. We think it also contributed to acceptance of us and our role.

The national baseline study of child advocacy observes, "Advocacy must search more extensively for sanction and rationale when it attempts to obtain rights for families and children..." "A sense of responsibility

and community solidarity demands that child advocacy carefully consider its interventions and its right to intervene." If our technique did not directly yield sanction, it at least revealed our respect for community solidarity and responsibility. This was important generally because our philosophy is that solutions require community and are virtually always in the community. It was important particularly for our Project because our advocacy model was designed for replication by government, and government is especially charged with responsibility for promoting community solidarity and responsibility for all citizens.

During our interviews to learn of programs and people important to children, we would sometimes be told of children with needs no one was meeting. This didn't always happen, and we soon learned that when we referred to ourselves as "advocates" it was less likely to happen. The terms "County Agent for Children," "Friends," or "Child Helpers," had far less negative consequences. Even so, we did hear concern that "This is another of those federal programs that comes in, stirs things up, spends a lot of money, and then will disappear."

As one of the public health nurses later told our Agent, "I tested you. I gave you three impossible cases that I felt would either get rid of you or find out if you could get something done."

PART E. Getting Data at the Central Office and Some Significant Consequences.

While the County Agents were collecting data at the local level, the central office was gathering information at the state level. We found a baffling array of information was to be had for the asking from state agencies. Much of the statistical data was of questionable validity, but nearly all did, in some way, add to our knowledge of what was happening to children. Statistical data and studies sometimes suggested opportunities for class advocacy.

As defined in the National Baseline Study of Child Advocacy, class advocacy can focus on any one of the following: policy, administrative procedures, specific personnel, budgets, laws, and political action. Attachment VI gives examples of the types of statistical information we extracted from a wide diversity of sources. Attachment VII gives examples of the kinds of reading materials we furnished to the Agents that were directed mainly toward equipping the County Agent to help close the gap between what research knows about child rearing and the problems of child rearing and what the Key Integrating Systems of a community know or do.

Throughout the Project, we developed a wide variety of forms and paper mechanisms to assist us in moving toward our goals and objectives.

PAPER MECHANISMS

Many of these served a function for a while and then were abandoned. Sometimes the abandonment was based on common consensus that they had served their term. Examples of these are the charts showing how each Agent was performing and meeting goals of identifying people, programs, and organizations important to children. See

Attachments II-V. There is no question but that these forms greatly influenced behavior of the Agents and the central office staff. Where a chart can be developed that shows goals on a time line and performance of individual Agents on a time line, it directs attention to the performance. In fact, the charts brought to light matters that ultimately led to the resignation of one of the Agents with the concurrence of the central office.

The infant mortality charts (Attachment VIII) is an example of a form that we believe could be used in pinpointing needs for class advocacy. Having found that infant mortality among rural blacks was higher by far than the state infant mortality rate, we developed this chart as a guide for decision making which we hoped would be of value in other cases. Ultimately, the infant mortality chart led us to the State Advisory Board with request for assistance and guidance on how we should proceed regarding the problems of high infant mortality. We had determined that the bulk of infant mortality among rural poor occurred in the first 28 days of life. This strongly suggested that prenatal care was the substantial factor.

INFANT MORTALITY

We found that state agencies did not coordinate their information. In the Department of Public Health, there were fairly good death statistics, prenatal care statistics, and birth statistics. These were not systematically compared, contrasted, and analyzed with a view toward improving infant mortality. Further investigation showed that where coordinated intervention had occurred in some larger metropolitan areas of the country, dramatic progress had occurred. Nevertheless, the problem

seemed too large for the County Agents Program to tackle, and the State Advisory Board asked us to pursue it no further. Rather than totally abandon the effort, we considered how our efforts might be transferred to some other program. Ultimately, we decided to seek to have the General Assembly involve others in further study of the problem.

We believe the way we worked this out could be used by virtually any consumer-oriented advocacy group -- particularly those that seek to alter the structure, policy and procedures of systems important to children in order to improve the lives of children. Here, in essence, is what occurred.

A SENATOR ADVOCATE

A member of the State Senate, in cooperation with individuals in the Department of Welfare, during the previous session of the General Assembly, had passed a resolution directing the Senator as a sub-committee of one to study child abuse and develop proposed ways to cope with child abuse. We had enlisted the cooperation of a graduate student to work with the Senator. After the Legislature adjourned, the Senator obtained aid from several state departments by asking them to assign specific individuals to contribute time and effort in developing background materials, scheduling subcommittee hearings, and developing laws to deal with child abuse.

We learned that the General Assembly had a long-standing study body known as the Legislative Council Committee. Looking through the publication of the State of Tennessee that contained all of the public acts passed each session, we discovered many copies of resolutions in them. A few of the resolutions had called for studies of various kinds to be

conducted while the Legislature was out of session. We talked to the Legislative Council staff, and they shared with us the forms that were used for typing up resolutions and an instruction sheet on how such resolutions should be worded. We then drew up a proposed resolution (Attachment IX). In it we gave some of the facts and figures and our view of what the problem was. Then the resolution called for a study by the General Assembly.

Since the problem of infant mortality was greatest among poor blacks living in rural areas, and since Haywood County was more than 50% rural black who were mostly poor, the County Agent in Haywood County was par-

RESOLUTIONS

ticularly interested in this issue. The Director and the Haywood County Agent discussed the problem with Meharry Medical College in Nashville, which is a leading institution that trains many black doctors and other health personnel. We found that they were very interested in working with us in developing detailed position papers. They also had contact with the black Senator from Davidson County.

Meanwhile, the County Agent in Haywood County had located black representatives in Memphis and found that they, too, were interested in sponsoring the resolution. We furnished the copy of our resolution to Meharry and they obtained the consent of the black Senator from Davidson County to take the lead on getting the resolution introduced and passed. This was successful. Thereafter, the Legislative Council appointed a group of Senators and Representatives to hold hearings in Nashville, Jackson, and Memphis. We made sure that the hearings were well-attended and that our friends from Meharry presented position papers. All state agencies were required to submit position papers, and the Memphis hearings

were well covered by television.

As of yet, no final report (though tentative reports have been made) has been issued by the General Assembly. We do know that there has been an encouraging drop in infant mortality in Haywood County, but we can't state with any confidence that our actions substantially did or did not contribute to this.

Our awareness of the problem of high infant mortality among rural blacks had been sharpened by information the County Agent of Haywood County gained in making his contacts discussed in Part C. That information was that Haywood County had systematically excluded from school pregnant teenagers. The best statistics we could get were that there were approximately 28 teenagers who had been suspended from school and were still of school age. The Agent was able to obtain the names of the majority of these. To us, this was a very sensitive and challenging problem.

PREGNANT TEENAGERS EXCLUDED

Fortunately, the Project Monitor from Washington attended one of the board meetings of the Haywood County Policy Board when this problem was being discussed. Also, the Chairman of our State Advisory Board, from Chattanooga, had had experience in that city with the same problem. The matter was discussed with the Policy Board. It soon became common knowledge in the community that we were seeking information as to what strategies had been employed successfully in Washington, Chattanooga, and other communities to assure that the pregnant teenager was not excluded from school. At this time, she needed to learn as much as possible, both in order to properly look after herself and her child and to increase her adequacy as

a parent and perhaps a member of the labor market. While we were seeking advice and information both locally and outside the county on ideas for dealing with the problem of school age pregnancies, the school board abruptly altered its policy and began to provide services to school age girls who were pregnant. We were persuaded that this was an outgrowth of our activities.

From our experience with the school age pregnancy problem, we developed a theory of one form of advocacy which we came to call "the Hawthorne Technique." As we understood it, an early management study had been made for General Electric at its Hawthorne Plant. This study later became known as the Hawthorne Studies. One of the things that seemed to explain the drastically improved performance of mission by the units involved in the Hawthorne Study was the simple fact that the units had been selected for study. This had ultimately come to be called "the Hawthorne Effect." By selecting out a group for special study, you alter and often improve their performance. Why couldn't this be used as a technique of advocacy? That was our thinking behind passage of the resolution to study what state agencies were doing and could do in regard to infant mortality. The problem was we had neither the resources nor the long-term existence to measure the effect.

THE HAWTHORNE TECHNIQUE

This wasn't the only opportunity we had to try the technique, however. In collecting statistics, our central office discovered statistics detailing the number of delinquent acts, delinquency petitions, and commitments for delinquency reported by the juvenile judges in each Tennessee county. When we analyzed these, we were surprised to find that Wilson County and Haywood County, with more than

HIGH RATE OF JUVENILE COMMITMENT

twice the juvenile population of Bedford County, reported a combined number of delinquent acts, juvenile arrests, juvenile peitions, and juvenile commitments less than Bedford County.

When our County Agent looked more closely, he found that one small incorporated town in Bedford County with only a few hundred people had accounted for as many of these cases as the county seat, which contained half of the county's population. We were persuaded that this indicated over-reliance on institutions and ineffectiveness of the Key Integrating Systems. (At the least, it indicated that the Key Integrating Systems were trying last resorts too early.) We furnished these comparative statistics to each county judge. We know that after providing these statistics, the county judge of Bedford County had a conference with some of the law enforcement people and other leaders in the small town. Unfortunately, the reports from which we got these statistics were discontinued. We sought alternative statistics through the Department of Correction (the number of people they received annually), but these were not adequate to determine the impact of our use of the Hawthorne Technique. The technique stimulated behavior by significant others addressed at the problem.

A byproduct of our effort here directed our attention to additional perplexing information. We learned that there was wide variance in the use of juvenile correctional institutions in Tennessee from county to county. We could find no hard data whatsoever to tell us why. We found that Shelby County with 22% of the state's population had consistently provided 33 to 35% of the population of our juvenile correctional institutions. We decided to check to determine if this happened elsewhere. We did not have

county-to-county statistics from other states but we did discover that Tennessee institutionalized so-called delinquent youth at 2-1/2 times the rate of Alabama, and twice the rate of Missouri and Pennsylvania. North Carolina had a rate even higher than that for Tennessee. Again we could come up with no rhyme or reason as to why this occurred. We contented ourselves with making this information known on each opportunity we could.

The Director of the program, having been involved in the state's planning to do more to provide a continuum of community services for retarded people, knew that there were substantial numbers of retarded and borderline retarded children committed. As a result, we anticipated we would become involved in case advocacy on behalf of alleged mentally re-

RETARDED OFFENDERS

tarded offenders and borderline mentally retarded offenders. (We were mindful that this category has been eliminated from the AAMD definition). Yet, this offered little explanation concerning the difference in institutional reliance between Haywood County and Bedford County. Bedford County had an active Association for Retarded Citizens, Haywood County had none. Bedford County had early intervention programs and a voluntary educable mentally retarded class in the schoolroom -- Haywood County did not. Nevertheless, Bedford County was incarcerating at a much higher rate than Haywood County.

We commenced pushing for increased awareness and action on behalf of retarded juvenile offenders and borderline juvenile offenders. Once

BILL FOR RETARDED OFFENDERS

again, we utilized the legislative route. Having come to know Senator Douglas Henry during the child abuse study, we arranged for the local office of the Public Defender, the Sheriff of Davidson County, and students from Peabody to approach Senator Henry with the

idea of holding hearings regarding the retarded offender that could lead to new legislation. Senator Henry was cooperative in this and enlisted cooperation from members of the House. Hearings were held and our office worked in developing legislation to promote diversion from the Institutional Care Endeavors of retarded offenders. A copy of our first draft of the final bill on the retarded offender is attached as Attachment X . The bill was passed, but unfortunately virtually no funding except for a two-person staff and transportation for an advisory committee.

Thereafter, Senator Henry and the Director of the County Agents Program arranged with the newly-appointed Executive Director of the District Attorneys General Conference to provide a one-hour inservice training for Attorneys General concerning retarded offenders and the new bill. This was accomplished. While this later led to our involvement in many cases of retarded juveniles and adults, some of whom we were able to divert from the correctional institutions, only one of the cases occurring in our four target counties during the term of this grant seemed to trace back to the Attorneys General Meeting. That case involved an epileptic adult.

We did have long-term involvement with two particularly challenging retarded offender cases, one from Bedford County and one from Wilson County. We were able to make substantial progress with each of these children. Ultimately, however, these two youngsters got together and after the unauthorized taking of two automobiles, wound up charged with felonies.

Had the legislation we got passed been implemented and funded, we feel these two children would have been salvaged.

While this final report was being completed, the central office staff

was requested to assist in developing four community projects for retarded offenders that stem directly from our early efforts. One is a community group home being developed by the County Agent for Children in Williamson County; another is a community-based program by the Davidson County Association for Retarded Citizens; and the third is a proposal by the Office of the Retarded Offender being submitted to L. E. A. A. Finally, the superintendent of Clover Bottom Developmental Center has learned of our early efforts and has asked for a joint meeting to devise a community program as soon as possible.

PART F. Responses to the Wolfensberger Model.

We sought early on and throughout the Project to utilize the Wolfensberger guide to advocacy needs (next page). However, we never succeeded in making it a part of the operating procedure of the Project. Staff discussion and formative review of our activities suggested the following difficulties associated with the guide.

Question Number One is, "Does the child's condition call for long-term specialized residential care?"

This question is more challenging than it appears:

1. "Condition" here seems to be used in several ways.

   a) It may refer to substantial bodily impairment requiring maintenance-of-life type hospital care or chronic illness requiring long-term residential treatment.

   b) It may refer to a disability that is associated with the impairment.

   c) It may involve behavior.

   d) It may involve a wide array of combinations of a, b, and c.

Impairment can sometines be dramatically reduced by medical intervention and is sometimes altered as a by-product of efforts to reduce disability or to change behavior.

Disability is different from impairment and can sometimes be reduced by changing the condition of significant other people or things in the child's world. Sometimes it can be reduced by changing the behavior of significant others.

Behavior of the child is a complicating factor that sometimes can be changed, notwithstanding impairment and associated disability. Such change

Table 3

A Summary Guide to the Advocacy Needs of Children

Does the Child's Condition Call for Long-Term Specialized Residential Service?	Is General Parental Instrumental Competency Significantly Below Societal Norms?	Are Routine Instrumental or Expressive Functions Impaired in Regard to the Child?		Rank Order of Major Typical Advocacy Needs That Can Feasibly be Met							
				None Needed	Primarily Instrumental		Primarily Expressive	Both Instrumental and Expressive			
		Instrumental	Expressive		Instrumental Guide-Advocate	Instrumental Guardian	Adult Friend	Instrumental-Expressive Guide-Advocate	Foster Parent	Instrumental-Expressive Guardian	Adoptive Parent
Yes	Yes[a]	Yes	Yes					3		1	2
			No		2	1					
	No[b]	Yes	Yes					1			
			No	1							
No	Yes[a]	Yes	Yes						2		1
			No						1		
	No	Yes	Yes						2		1
			No	1							
		No	Yes				1				
			No	1							

[a] By definition, a "Yes" here also implies, in the next column, a "Yes" in regard to impairment of instrumental functions involving the handicapped child.

[b] If a child requires services that necessitate placement outside the home, parental instrumental functions are by definition inadequate for this particular child. Thus, again, the next column cannot contain a "no".

in turn can influence both the need for long-term residential services and the type of services needed. Where residential services are needed because of behavior, the options available may be less desirable than the status quo because they require trading off other needed resources or relationships.

Putting this all together, the first Wolfensberger question involves prior and complex questions in four interrelated domains:

CONDITION OF CHILD	CONDITION OF SIGNIFICANT OTHERS
BEHAVIOR OF CHILD	BEHAVIOR OF SIGNIFICANT OTHERS

In our original proposal and as a part of our philosophy, we subscribed to the view "that the child is an inseparable part of a small social system [that] may become 'go' as a result of marked improvement in any component, or it may become 'go' as a result of modest improvement in all components." All of this, coupled with our efforts to avoid reliance on the Insitutional Care Endeavors, seems (in retrospect) to have contributed to the reluctance of our staff to utilize Wolfensberger's guide.

The second question of the Wolfensberger guide deals with the competency of parents to perform general instrumental functions. Where these functions are significantly below societal norms, the guide would suggest replacing the parents.

This guide has difficulty for County Agents. In Tennessee and at common

law, parents are recognized as "the natural guardians of their children." Even in cases of clear abuse or substantial neglect, there is strong support for procedures to train and rehabilitate parents. (We have told elsewhere of our involvement in changing laws and policy for handling child abuse and neglect.) In the few cases of suspected child abuse, our Agents referred the case to the Department of Public Welfare, as required by law.

Case 74 on Appendix XI exemplifies one type case where we failed to meet the child's need. This was a child in a small and very poor neighborhood. The neighborhood was in many ways close knit.

In times of trouble -- which was all of the time -- the neighbors assisted each other and advocated for each other. They were all known to the education, welfare, and law enforcement agencies, all of whom had a long history of involvement in the problems of the neighborhood. The neighborhood had all sorts of chronic weaknesses including alcoholism dependency, physical disability, poor nutrition, poor health, and ignorance. On the other hand, there was mutual support, self-advocacy, self-reliance, and survival skills. Traditionally, they "looked after our own" elderly, ill and injured without reliance on institutions or nursing homes. The same families occupied the neighborhood for several generations.

We didn't get the retarded child in school. The school system was still resisting extending education to all. With time, we probably would have achieved it with the help of the Welfare Department and other pre-existing "guide-advocates" who work with the families such as the grocery

man who from time to time assisted them.

Even so, considering the views and attitudes of the Key Integrating Systems and the In Trouble Systems, adoptions and foster parents did not appear to be viable options at all.

Additionally, the County Agent is not likely to become an advocate for removal of children from families that wish to keep the child at home (even where the family is failing to meet relatively important instrumental and expressive needs of children). The people with whom County Agents work closely and the philosophy of seeking community solutions by working with the Key Integrating Systems and the local In Trouble Systems appear to direct the Agent away from intervention that would replace the family in such cases.

PART G. County Agents Approach.

Instead of Wolfensberger's guide, our early procedures did yield a decision-making chart. It occurs on the next page. We start out with the discovery of a child with an unmet need. We soon learned that it was very important to carefully define the need. In fact, we frequently tried to describe the need in several ways.

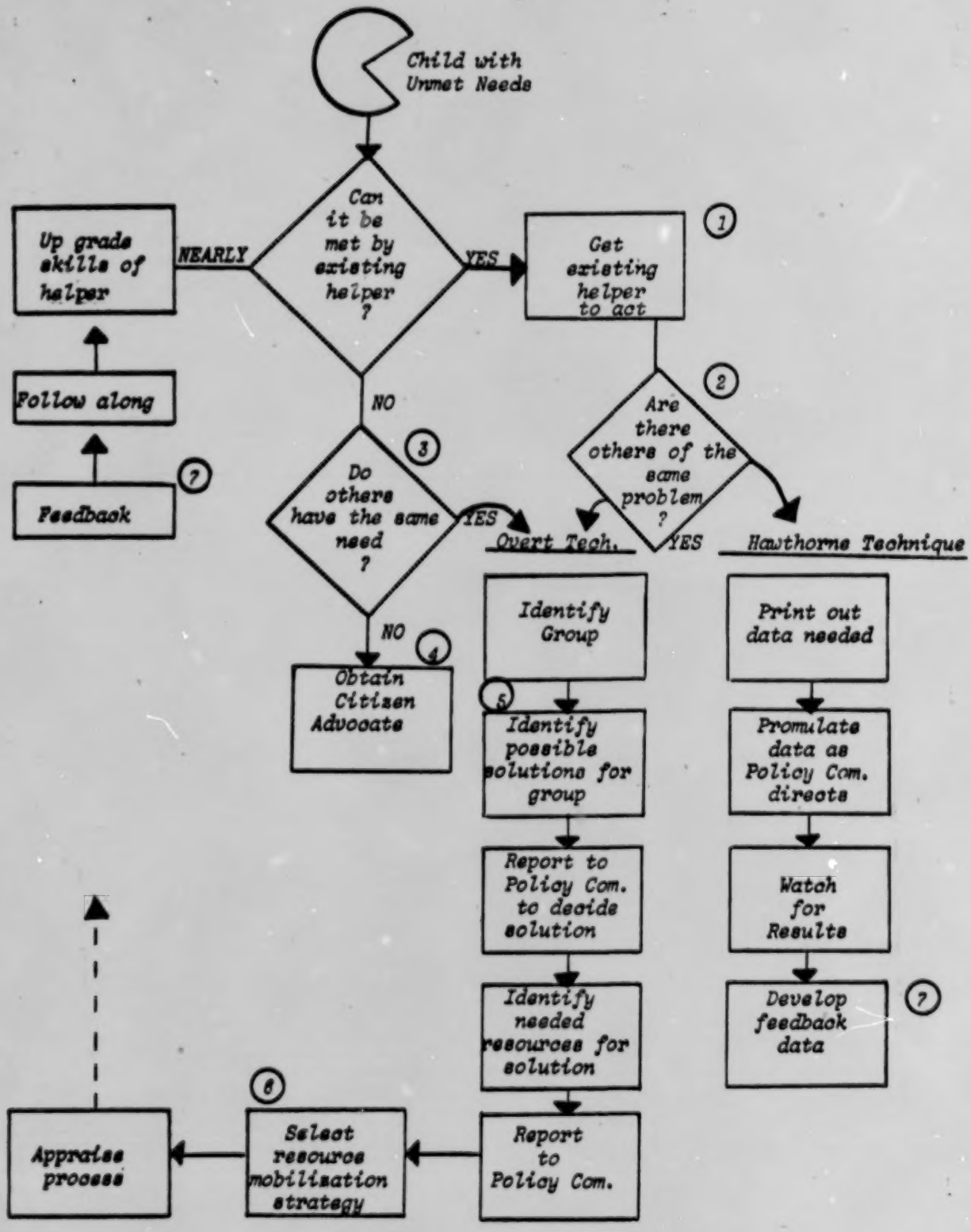
When someone reported to us a child with a problem, we found that they usually had thought about a solution for the child and ran into a problem achieving that solution. The problem was generally presented to us as a problem of achieving a solution as opposed to what we called "the real problem" or the "original problem."

PROBLEMS WITH SOLUTIONS

An example of this would be the report that Johnny Jones has a problem because they will not admit him to Mrs. Brown's special education class. The original problem may be that Johnny has a learning disability or inappropriate behavior stemming from an unknown cause, or any one of several things. There may be several approaches to meeting Johnny's need or solving that problem. One approach (and perhaps the most promising one) may be getting Johnny placed in Mrs. Brown's class. If that's what he needs, then there may be a strategy problem of accomplishing the placement or what we call the "problem connected with a solution." There is a difference between the original problem and solution problems. Focusing on solutions too quickly obscures the basic problem and diverts the helper from discovering better options.

As soon as we define the problem, our chart required us to ask, "Is

STRATEGY FOR MEETING NEEDS



there someone ready, willing, and able to meet it?" If we could answer this "Yes," then it was merely a matter of referral or linking the child with the need and the agency or person ready, willing, and able to meet the need. If the answer to the question, "Is there someone ready, willing, and able to meet it?" was "nearly," then we had to develop a strategy to upgrade their skills or augment the program or alter behavior, policy, or motivation. We then needed to assure that there was a follow-along and feedback.

If the answer to the question was "No," we asked another question. "Do others have the same need?" Here we frequently went back and looked at the several ways we had defined the problem. If one of the solutions for the child was a series of trips for services in Jackson or Memphis, we might redefine the problem as "the child needs transportation to Jackson." Then we would ask, "Are there others who need transportation to Jackson?" If the answer was "Yes," then we would seek to identify the group. If we succeeded with that, we would seek to identify two or three possible solutions from the policy board, people in the community, the central office, the literature, or wherever.

GROUP PROBLEMS

The next step on our decision-making chart was to report to the policy committee. In reality, this was sometimes reported to the social service luncheon or discussed with parents or agency personnel or others depending upon the situation. From this, we usually reached a decision on which of the solutions should receive priority effort. Sometimes during this process or immediately thereafter, we began to look for possible resources that would be required to implement the solution.

STRATEGY

Next we sought to develop a strategy for bringing together the needs, strategies, and resources in a need-fulfilling way. Where possible, we sought to get others to carry out the process of bringing together the needs, strategies, and resources.

Some examples of our efforts in this regard include the following:

1. Identifying a group of children in Haywood County needing services in Jackson and arranging for transportation regularly to and from Jackson for these children.

This was one of several strategies tried. Attachment XII tells how we obtained an amendment to the state appropriations bill giving funds to the county which had agreed to operate a transportation system to Memphis and Jackson. (The Governor vetoed the appropriation.)

2. Bringing together parents of various handicapped children with varying disabilities who did several things; e.g., they attended special parent training programs and established a summer program for their children. They ultimately gained admission of their children into the school system. (This is more fully described in our booklet on public awareness.)

3. Instigating community efforts to establish an adult activity center in Haywood County (still in process).

4. Instigating the establishment of a summer employment office in Franklin County (to be started in 1976).

5. Mobilizing people all across the state to achieve a reversal in the decision to discontinue support for community programs through Title IV-A and Title XVI of the Social Security Act, and a variety of group advocacy efforts.

We have already discussed the Hawthorne Technique referred to on the chart.

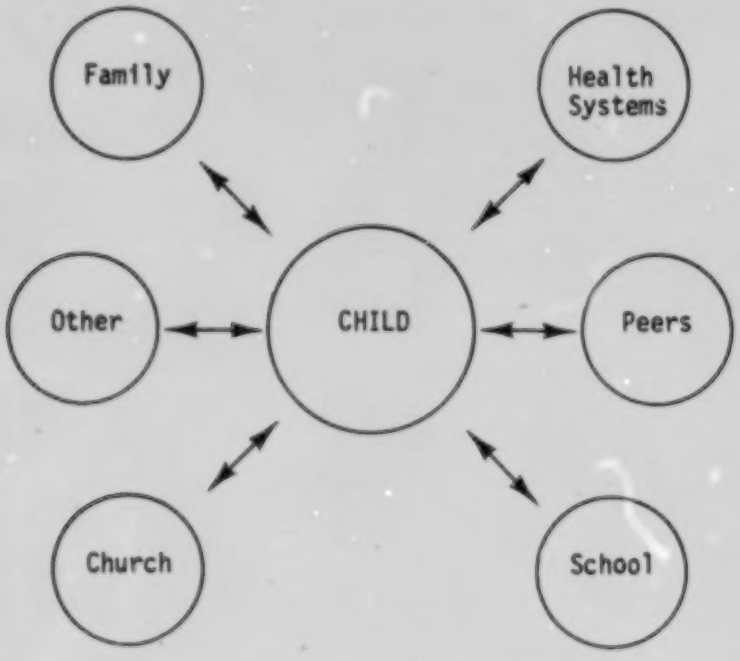
We developed another way of thinking about our intervention strategies later on in the program. Here again we used a chart. In actuality, it is a graphic presentation of the Hobbs idea which was the basis of most of

our action --

> "We assume that the child is an inseparable part of a small social system, of an ecological unit made up of the child, his family, his school, his neighborhood, and community. The system may become 'go' as a result of marked improvement of any component, or it may work as a result of modest improvement in all components."

Here is a sample of that chart.

THE K I S S: Key Integrating Systems of Society



You will note that it looks somewhat like the solar system with the child in the middle. The child has or should have relationships with all appropriate Key Integrating Systems including the family, the education system, the health system, peer or neighborhood, and others such as the judge, and so on.

Many times it's appropriate to write in the In Trouble Systems such as welfare, law enforcement, and the courts.

Note that the arrows we have joined showing the connections between these have points at both ends. That means you do not look just toward the child to find the problem or to find the solution. You must also look toward the other systems to find the problem or the solution. There are also arrows connecting the systems each with the other. This helped us in our thinking on how do the systems get together from the standpoint of the child. How well do the systems fit the child and the child the systems?

The "X" on the connecting line represents a discordance, a performance discrepancy, or an unmet need.

An "X" meant that we felt there was a discrepancy between the performance desired out of the relationship and the performance we were seeking.

Once we had the "X" pinpointed, we thought about it in two ways.

One way was to ask ourselves, "Can this "X" be eliminated by changing the condition of the child?" "Or by changing the behavior of the child?" "Or by changing the condition of the other systems (its rules, regulations, policies, attitudes, organization, or other)?" "Or by changing the behavior of other systems?"

Here we found that Robert F. Mager's book, ANALYZING PERFORMANCE PROBLEMS, (Fearon Publishers, Belmont, California, 1970) was very helpful. This $2.75 book contains a decision making chart and easily understood instructions. It forces you to consider the following things. Does the performance problem result from skill deficiency? If it does, he talks about whether this could be solved by training, practice, or feedback. You have to ask if there is some way in which performing in the

appropriate manner is punishing to other persons or systems. If there is this kind of problem, you need to find ways to remove the punishment. You must consider whether proper performance gets no payoff. If it doesn't, you try to see how you could assure that it would get payoff. You look for obstacles to proper performance. If those are identified, you develop strategies for removing the obstacles. It also requires that you consider a simpler way to deal with the discrepancy. Appendix XVIX contains a set of forms that we developed in trying to explore ways to more systematically utilize Mager's process.

Note that our procedures for problem analysis and decision making were always being refined. Like other aspects of the Program, the process was one of continual accommodation. We spent a great deal of time spelling out goals, objectives, and strategies for meeting objectives. We sought to analyze outcomes and develop new strategies. This had considerable influence on our activities. On the other hand we found, as has been well explained by the staff report of the President's Committee on National Goals, "systems are counterintuitive." They often don't react as expected even when you think you have been quite logical in setting interim goals and objectives. A change anywhere in a system generally alters other parts. The process is sometimes subtle and often complex.

As our experience and contacts increased, our methods became more productive. Nevertheless, throughout the Project, our methods and approaches continued to be in a formative state.

PART H. The County Agents or General Advocates.

The cutting edge of the County Agents Project was the individual County Agent working in his local community to identify the needs of children, disseminate information and develop community awareness, and enlist volunteers for case and policy advocacy.

The County Agents were responsive when techniques were effective or ineffective. A learning process went on continually as the County Agents developed. They attempted to secure services for children and tried many different alternatives in an attempt to secure those services. They worked extensively with cases that were considered hard-core. The community had tried solutions for those children, and in many cases parents and community systems had given up.

The nature of the cases required the County Agent to explore many new approaches to identifying the needs and using community resources to meet those needs. This included working extensively with families to overcome barriers at home. For example, some parents had simply given up and accepted the status of their child. The County Agents spent considerable time educating them to the potential for improvement in the condition of their child.

NEW APPROACHES

When agencies felt they could not provide services for a particular child, they were given data from the methods used in other counties that indicated how similar services were provided under the guidelines of this specific agency. When school systems were asked to provide a new kind of service, the County Agent sought to inform them of how they could use state laws and precedents in other school systems to set up programs for individual children.

The records are replete with examples of the ways that County Agents accommodated themselves to the real situation in their counties. They were reinforced in their efforts to overcome personal frustration and disappointment by regular staff meetings in the central office and by contact with the central office personnel and other County Agents. This was an on-going developmental process which in part can be measured in terms of its value to the individual Agents and eventually to the children and communities they served.

ACCOMMODATION

The County Agent Project developed a new kind of helper for children. The Agent was not subservient to or overinvolved in one bureaucratic system. The Agent developed a broader perspective of ways that the community can utilize its resources to meet the needs of children. No other person in the community that we discovered has the time and commitment to begin where the child is in terms of his unmet needs and encompass the whole set of systems in order to help the child.

BROAD PERSPECTIVE

The approach of taking a broad overall perspective of the community was often painful to the Agents. They saw so many difficult problems because they worked with children who did not fit exactly the policies and programs of existing agencies. They worked with parents who quite often had been disenchanted with existing programs and in effect had given up. As a result of all of these factors, the County Agent became at the same time both the most optimistic person and the most pessimistic person. The Agent was optimistic that there were resources available to help the child; but he was also pessimistic that existing programs and agencies would give their energies (often severely limited) to meeting the difficult problems of children and families.

PESSIMISTIC AND OPTIMISTIC

Relating to agencies required extra effort as the Agents sought "sanction." Since the program was "from the federal government" and not indigenous to the community, the Agent had to prove himself. The use of local policy boards and citizen advocates helped provide sanction for the County Agents Project.

There were ongoing ripple effects from the County Agents. Parents who were helped referred other parents with needy children. Agency personnel often called the Agents for consultation. The judges sought counsel and assistance from the Agents. There was a growing interplay between interested citizens that opened new channels of communication with and without involving the Agent (see SOCIAL SERVICE LUNCHEON in Helper Series II). The result was new ways of looking at the needs of children and coordinating community resources for meeting those needs.

RIPPLE EFFECTS

The personal effect of the County Agent in the community was that of a new role model. Unhindered by restrictions of agencies, the Agent began where the children were and sought help from all available resources. The Agent became a community reservoir of information, relationships, and strategies to help children and families. In this role, she/he became a resource and a model to agency personnel, local and state officials, parent and other advocacy groups, and any interested person on ways to identify the needs of children and utilize resources to meet those needs.

COMMUNITY RESERVOIR

We cannot fully evaluate the efforts at developing community awareness that were made through radio programs, newspaper articles, dissemination of tracts, social service luncheons, speaking to civic groups, and other community awareness strategies. The Agents did spend a considerable

amount of their time gathering this information, preparing themselves to present and presenting programs to enlist support for needy children.

Because of the high ideals of the Project and the personal commitment of the personnel to helping children, the Project staff had many criticisms of their efforts and the Project. However, the satisfactions were also numerous. The comradeship with staff members, policy boards, other volunteers, and concerned agency personnel was very rewarding. Successful attempts to secure needed services for children were numerous. (See Attachment XI.)

FRUSTRATION

Frustration and disappointment with the Project which the County Agents expressed in their final reports is in part explained by the above paragraphs and also by the excessive emphasis by the central office on enlisting and utilizing citizen advocates. This goal, though realized to a small extent, seems to have been unrealistic at this point. The need to provide services for children in crisis dominated the attention of the County Agents.

DEVELOPING COMPETENCY

The County Agents focused most of their attention on developing the competency of the family and other systems to assist the child. This commitment led to the meeting of many of the needs that were presented to them. The families were able to adjust, as were agencies, to provide the services needed. On the other hand, these efforts required a great deal of time and energy and did not allow the Agents to develop volunteers to meet other less pressing ongoing needs of children in the community.

To a large degree, the staff finished the Project with new sensitivity to children, families, and community resources. Many helpful strategies

were used successfully. New goals and ideas were established. Except for the retiring Agent, the Agents all sought to continue in a role as near their role model of the County Agent as possible.

The County Agents expended a great deal of energy at the end of the project attempting to guarantee replication of the County Agent Program.

REPLICATION EFFORTS

They felt their unique position as a "free agent" made it possible for them to link needy children with important resources. They felt that they had learned many things that should continue to be used to meet the needs of children and families. Most of the County Agents felt that the Agent should be considered a County Agent for Children and Families. The child looks to the family for most of its needs and should, and the families suffer the most and need the most assistance in meeting the needs of handicapped children.

PART I. Volunteer Advocates.

An original intent of our Project was to enlist and utilize as many citizen advocates as possible to meet the unmet instrumental and expressive needs of children. We often used citizen volunteers but not to the degree originally planned, and often not as prescribed by the classical model.

The primary resource for meeting the instrumental and expressive needs of the children that we met was the parents. In most cases, the parents needed assistance from agencies in the community. The role of the County Agent, then, was to link the child and family with those agencies, and this often involved persuading the agency to alter its policy, attitude, or prior behavior. We operated out of the assumption that this linking task required more professional expertise than most volunteer advocates would possess. This stemmed from our own feelings of inadequacy in linking the child and family with the agencies. We found that it required our very best energies and the resources of the central office to work with the agencies to help them and encourage them and push them to provide the necessary services. As a result, the major time block of the County Agent was spent in working with these agencies.

Our decision making model contributed to this emphasis upon working with the family and community agencies. In this short-term Project, the

DEMANDING CRISES

cases were presented as crisis or hard-core that required securing services from the schools or other agencies. The Agents who were closest to the needs of children and the resources in their community did not decide to seek volunteers to attend to these crisis situations. We believe that in most cases, their decision to function as the liaison person to link the child and family with existing resources was the best strategy.

Working with parents led the Project into the utilization of parents to work together to meet the needs of their children and other children with similar needs. Sometimes this relationship was temporary and aimed only at one particular goal. In Wilson County, a group of parents who had worked to secure services for their children formed the Friends of Exceptional Children organization. This organization was chartered and has continued to work to provide services for their children and children with similar needs in the community. This includes efforts to get a group home established.

Another advocacy function in the community was that of the advisory council which served as an advocacy council. With varying degrees of success, each county had a group of citizens who served as a board for the County Agent Program. The responses from the different boards and board members varied considerably. In one county, the board gradually abdicated its responsibility as members either resigned or discontinued attending meetings. On this same board, one member worked diligently as an advocate and supported the program extensively. He attended meetings regularly, participated in community activities, and often performed the role of an individual advocate for children.

The County Agents in their final reports responded quite forcefully to the varying strengths and weaknesses of their boards. All the Agents expressed a feeling that the success or lack of success of their program corresponded to the cooperation and investment of the boards in their counties.

Some County Agents were more successful in enlisting at least a few members of their boards as continuing advocates. The personality and philosophy of the individual County Agent seemed to have a significant influence. When the County Agent became involved in adversarial positions,

he seemed to lose support from his council and from other persons in the community. The delicate line between leadership and pushiness may define the success or failure of the County Agents rapport with the community.

Another way of talking about this relationship is to speak of a catalyst advocate. The advocate's role is primarily to stimulate the activity of some other individual or agency who can provide the basic needs of the child. The primary concern is to enable the parents to fulfill the instrumental and expressive needs of their child. Another target is such agencies as the schools and community organizations that have responsibility for teaching and helping to develop the child. The County Agents report numerous cases in which the child had specific unmet needs,and an agency such as the school was responsible for meeting that need. The advocate or Agent simply helped to define clearly the child's needs and perhaps some resource that the school could use in helping to meet the need of the child. The result was that the school took its place as the Child Helper and has maintained this on an ongoing basis.

The evidence from our Project seems to indicate that at the level at which we are working, there are very few needs for individual volunteer child advocates, except as these child advocates work in a catalyst role to enable parents and other KISS to perform their tasks more effectively. However, the role of the catalyst is a very important role in the community. The County Agent fulfilled that role, but also certain other members of the community were trained, inspired, or given opportunity to also fulfill this role. In Haywood County, a concerned board member often functioned as a catalyst, Child Advocate, in an ongoing commitment to help parents and institutions perform their roles on behalf of the child. In other situations, the county judge and other interested persons such as parents of handicapped

children became effective, knowledgeable, ongoing catalysts for children in their community.

Children with unmet needs fall into two broad categories. Many children required case advocacy. These were children whose needs were unique. There apparently were no other children in the community who had the same specific kind of need for services. Other children needed group advocacy. They belonged to a group of children who had very similar needs. Strategies for meeting the needs of children in these two categories quite often were different.

The strategies included individual advocacy, group advocacy, and policy advocacy. Individual advocacy occurred when the focus of the County Agent was directed toward meeting the specific unmet needs of a child. He worked through existing community resources in order to meet those needs. However, if the child was so unique that his needs could not be met on an individual basis, then efforts were directed to find other children perhaps in another community so that he could become a part of a group there. If there were no services provided or if existing services which might meet his needs eliminated this particular child, then a longer term advocacy challenge was presented. This required efforts to change some policy so that an appropriate program could be altered, or created, to meet the need. Policy advocacy is described fully on pages 16-25.

PART J. Other Child Helpers.

Many people who became involved in meeting the needs of children could not be called advocates in the usual sense. These people were parents who became more competent in meeting the needs of their children and worked primarily at that task. They were members of agencies who learned more about the needs of children in their communities and ways that they could help meet those needs. They were county judges who learned to look at new alternatives for serving children who came to their attention. They were school officials who had a new vision of ways to implement the mandatory education act and thus provide services for more children with different kinds of needs in their school program.

The following section on Expressive Needs illustrates a number of persons and strategies that were used to help children meet acute and ongoing needs.

PART K. Expressive Needs.

A major goal of this Project was to assist parents and other community persons to provide expressive needs of children. "...The expressive functions involve exchange of affection that meets deep-seated needs and that often make instrumental demands meaningful or bearable." Efforts to meet the expressive needs often took a back seat to meeting the instrumental needs that were so demanding of children in this Project.

Parents have difficulty expressing love and appreciation for a child when they are overwhelmed by the unmanageable demands to meet the instrumental needs of their children. This condition is a reflection of the unusual needs of a child and the limitations of the parents and of society. We have shown how much of the effort of the Project was directed to indentifying and meeting the pressing instrumental needs of children. By meeting these needs, some persons were set free to express their own love and meet the needs of the child for love. We are not at all satisfied with the amount of time that we could spend or the amount of success that we could achieve in supplementing with volunteers the requirements for expressive functions which the children had.

When the need for an expressive function was clearly expressed, the Agents did have some success in securing someone to provide that function. One youth was identified as needing a "big brother," and after several unsuccessful attempts to secure such a person, a teacher volunteered to be a "big brother" and spent considerable time giving the necessary attention to the child.

In Haywood High School, the County Agent helped to mobilize many interested persons in the school and community to invite and transport an

unprecedented number of parents to attend a school parent-child meeting. At this meeting, the teachers carefully planned and presented some true complimentary statement about each child to the parent. As a result, parents were encouraged to look at the positive qualities of their child and were encouraged to help the child see himself in a more positive role. The response of parents in attendance and attitude was far above the average of parents toward not only their children, but also the teachers and the school.

In Wilson County, the JayCees were told of many handicapped children in their county who could benefit from attending the statewide Camp JayCee that was held in their county but had not included local children. The result was that several handicapped children attended that summer, and plans were made for an increased number from that county for the next summer.

In Williamson County, a Cub Scout program for handicapped children was begun and continued to provide a program to meet their particular needs. At another location, children who attended the House of Hope were provided a Girl Scout and Brownie program by their community.

In Wilson County, a parent effectiveness training program was started through the mental health center, and parents of needy children were involved in this program. This enabled the parents to perform more effectively and provide the expressive function for their children. Another suggestion that was aimed at upgrading the skills of parents was that schools be encouraged to provide a parent guidance counselor. This fits in with the goals of guidance counselors, particularly in elementary schools, to work with the parents and teachers in developing more sensitivity to the affective or expressive needs of children.

Single parents were identified as persons who faced the most difficulty in providing for the needs of their children. Since they carried the whole responsibility, they felt this load and were often more defensive about accepting help and admitting their needs for assistance. It was not unusual to find that parents who were most overwhelmed by their task were also the ones most difficult to help. New strategies are needed to provide services for these difficult situations.

Many times the unmet expressive needs were not identified until the child appeared in juvenile court. Then the investigation of the judge and other interested persons revealed a lack of respect and understanding between the parents and the child. At this point, it is often very difficult to provide the assistance which is needed because the parents have given up. However, when the court is able to assign the child to a volunteer, then many of his needs can be met. In Madison County, where the Project offered counsel to the judge, a Volunteers and Probation was established, and more than 50 volunteers offer services to children who need expressive functions. The same thing was achieved in Bedford County.

Children of a very young age often were identified after they became victims of child abuse. This is rather late to discover the immense problems the child faces in some homes. Quite often parents were referred to the mental health center or to the area council on alcoholism and drug abuse to provide assistance to them in relating more effectively to their child.

We feel that more attention needs to be given to early identification of children with expressive needs and to the strategies to assist parents and others meet those needs of children. When these expressive needs are met, then the child feels more competent and has greater will to work at meeting his own needs.

PART L. Training of County Agents.

One of the long-range benefits of the County Agent Program in Tennessee was the training of the specific County Agents to recognize the needs of children and utilize community resources for meeting those needs. In addition to the orientation program in Nashville, which is described earlier, the staff were encouraged and did participate in many local, state, and regional training programs. For example, in one quarterly report the County Agent mentions attending the inservice training for day care center personnel in Jackson, Tennessee, the Exotech and Mark Battle Associates Conference on Child Advocacy in Washington, D. C., the American Association on Mental Deficiency Conference in Atlanta, Georgia, the First Annual Southeast Liaison Conference at Peabody College, and a consultation with Dr. Wolfensberger regarding the implementation of an individual citizen advocacy program in Nashville, Tennessee.

In addition, there were interagency strategy conferences held bimonthly with the Project Director and the County Agents across the state. In these strategy conferences, the needs of children were clearly defined and strategies for meeting those needs were discussed at length.

The County Agents were encouraged to involve in daily brainstorming ideas and were encouraged to spend a good bit of time reading materials on children. These books included THE SYMPATHETIC UNDERSTANDING OF THE CHILD 6 TO 16, by David Elkine; PARENT EFFECTIVENESS TRAINING, by Thomas Gordon; PSYCHOCYBERNETICS, by Maxwell Maltz; GOAL ANALYSIS, by Robert L. Mager; ANALYZING PERFORMANCE PROBLEMS, by Robert Mager and Peter Pipe; PARENTS/CHILDREN/DISCIPLINE: A POSITIVE APPROACH, by Madsden and Madsden; TEACHING/DISCIPLINE, by Madsden and Madsden; LIVING WITH CHILDREN, by Patterson and Gullion; and CHILD MANAGEMENT, by Smith and Smith. The

County Agents were also provided the magazines and journals, MENTAL RETARDATION and the JOURNAL OF MENTAL DEFICIENCY. Other Agents read WHAT YOU CAN DO ABOUT DRUGS AND YOUR CHILD, by Herman W. Land; CHILD SENSE, by William E. Holman; GOD'S CHILDREN, by Sigurd D. Peterson; SUNDAY'S CHILD: HOW TO BRING UP A MENTALLY HEALTHY CHILD, by Michael Miller; LOVE IS NOT ENOUGH, by Bruno Bentelheim; WHEN A CHILD IS DIFFERENT, by Maria Egg.

It was not a goal of the Project to weigh the effectiveness of the County Agent Program in terms of the knowledge of the individual Agents. However, it would have been most interesting to have taken a knowledge competency test from the Agents at the beginning of their service and again after a period of time serving on the Project. It is our judgement that their knowledge and expertise increased significantly.

PART M. Continuation of the County Agents Program.

The goal to replicate the County Agents concepts was achieved with varying degrees of success in the various counties in Tennessee. The only county which kept its County Agent in a similar role is Williamson County. The Judge took personal interest and helped to provide funds to continue the program and utilize the services of the County Agent. The Agent here continues to provide liaison services with the County Court and with other community agencies to identify the unmet needs of children and link the children with the necessary services.

In Haywood County, the last County Agent only served 8 months and was not provided funds to continue the Program. However, she was helped to secure a job with the Department of Human Services. She continues to live in the community and work to develop programs to meet the needs of children and families in the county. Also services to youth are provided by the Youth Services Officer connected with the County Court. The County Judge sees his Youth Services Officer in a very similar role to that served by the County Agent. He is committed to providing continued funding for this position. He expects the Officer to work with all community agencies to continue to identify needs of children and find ways to meet those needs in the community.

In Bedford County, the County Agent continues to function as a volunteer to help identify needs and meet the needs of children there. He is a long-time resident of the county and a retired teacher. He has a great deal of expertise and rapport with the community agencies. His continued presence in the community and commitment to the welfare of children made it possible for some services to be provided without the cost of a full-time salary.

Wilson County voted against funding a continuing County Agent Program 24 to 20. In Madison County, with the stimulus and assistance of County Agent personnel, the County Judge and the Youth Services Officer worked to provide a continuing program for children. They have received funding under Title XX for a child abuse program. This program is aimed at providing protective services for children with a broad range of unmet needs.

An enclosed letter (Attachment XIII) reflects how components of the County Agent Program were replicated by one citizen in Sumner County. Specific information and encouragement was translated into effective advocacy by a committed citizen.

Through the influence of the central office and one of the consultants for the County Agent Program, the University of Tennessee Center for Health Sciences, Department of Family Medicine, provided funds to help develop a program to assist physicians and public health nurses to identify children with developmental disabilities and refer these children to the services available in their community.

The County Agent staff also stimulated a doctoral dissertation which will provide a pilot program aimed at offering training to physicians and public health nurses in collecting data on developmental disabilities and referring those children with suspected disabilities to programs aimed at early intervention. This program will also aid the schools in identifying children who are eligible for services under the mandatory education act in Tennessee. Support for this program has been obtained from the State Department of Mental Health and Mental Retardation in their regional office in Jackson, Tennessee. The Department has provided office space and long distance telephone service to support this pilot project in West Tennessee.

Another doctoral student at Peabody College under the stimulus of the County Agent Director is drafting a proposal for an Agent for Children and Families in Trousdale County in Middle Tennessee. This county is the proposed site of a new atomic energy facility. In the next few years, this county will experience a significant growth in population and will require a number of new services developed for children and families. Funding for this project is being sought through Title XX in cooperation with county officials and the Tennessee Association for Retarded Citizens.

PART N. Evaluation.

The original proposal stated that if County Agents for Children were placed in rural counties and supported by a research center involved in child development, it could be demonstrated that certain results important to children and the community would occur.

The County Agents Program was funded and County Agents were placed originally in three counties with a fourth county being added during the last year of the Project. Each of the counties selected were rural counties and though somewhat different from each other, were similar to other counties in the state. One county had a high ratio of minority population. Two of the counties were not near enough to metropolitan areas to have any substantial number of its residents commute to work in the metropolitan area. Two of the counties were close enough to metropolitan areas to permit this. The counties ranged in population from approximately 20,000 to 40,000.

Intervention techniques and strategies by the County Agents are described in this report. While there were many variations, the major details of the procedures used include the following:

1. Techniques were evolved to identify and describe needs of children that were not being met, strategies that showed promise for meeting those needs, and resources that might be utilized to implement those strategies.

2. It was assumed that every child was a part of an ecological unit that included other systems such as the family, education system, health care system, neighborhood, and a variety of other agencies and individuals significant to the child.

3. It was assumed that all of these significant others for each child were potential parts of the solutions to that child's problems or stated another way, had potential for increased contribution toward meeting that child's needs.

4. It was proposed that the County Agent by fostering coordination, increased awareness, problem definition and analysis, public awareness and related activities would cause problems to be more often met and more effectively met in the home community and could reduce rate of reliance upon institutions.

The kinds of children, families, and significant others with whom the County Agents worked in their counties have similar counterparts throughout the country. The kinds of problems and needs with which the County Agents worked are typical of those found elsewhere.

There were certain unique circumstances in Tennessee that occurred during the Project period. These include the following:

A federal court order blocked the admission of long-term residents to the state institution serving mentally retarded and other developmentally disabled citizens for three of the four target areas.

The state passed (but inadequately funded) an act for educating all handicapped children age 4 through 21 that was scheduled to be implemented during the period of the Project.

Inflation and a narrow tax base resulted in the need to raise taxes while reducing services for the first time in the state's history.

Overcrowding of the state's adult prison created an extreme crisis that was aggravated by continuing increased commitments of juveniles. This resulted in pressures to terminate the previous annual expansion of services of the Department of Mental Health and Mental Retardation.

For the first time in 50 years, the Office of Governor changed from one political party to the other and back again, resulting in changes in top level policy makers that influenced not only the County Agents Program but many of the agencies with whom they worked. While this definitely influenced early assumptions on replications of the Project by the State, we are uncertain as to whether or how it influenced the representativeness of the Project as compared to other states or as compared to the past and the future in Tennessee.

As this report reflects, the County Agents were involved with a wide variety of systems and utilized a wide variety of involvement. Sometimes

the involvement was direct and the impact was immediately observable, as where the school system changed its position and accepted a child into an appropriate program. Or perhaps the school changed its program, and the child began to make immediate progress. Even with these cases, there were ripple effects and other effects that were desirable from the standpoint of the child, but the evidence of these effects as perceived by us may have been convincing, persuasive, or only sufficient to create a suspicion that our intervention was a substantial cause of the result.

With our public awareness activities, it was even more difficult to determine the impact. There was feedback in several forms. Sometimes we never learned of the effect of our activities until it was reported to us long after the fact, and this sometimes involved cases of which we were totally unaware. There are quarterly reports in the files, as well as discussions among the staff in the preparation of this final report that do demonstrate that County Agents had a substantial impact on children, families, and other systems. Much of this is reflected in the report. We will now catalog some of these.

Families.

Does the data reflect that parents more effectively met instrumental needs of their children as result of Project activities? In the sample of 104 individual cases from Bedford County, in the quarterly reports and the narrative description of activities by all of the County Agents, it is evidenced that parents were enabled to do and were motivated to perform instrumental functions within the family setting that they had previously not been performing or performed the functions more effectively as result of the activities of the County Agents acting directly and through the use of significant others. In many of these cases, the result clearly appears

to have come about solely because of Project efforts. In some of the others, we can only infer this; and in yet others there is the possibility that other factors substantially contributed to the result. Examples include the following:

1. Parents learning and employing effective toilet training techniques and improved behavioral control techniques.

2. Some improvement in the care of administering prescribed drugs required by their children.

3. Lessened misuse of funds or clothing belonging to the children.

4. Bringing children back into the home who had been inappropriately placed elsewhere or had run away.

5. Obtaining counseling, special training, and enlisting the guidance of others to learn how to more effectively meet expressive and instrumental needs of their children.

The data reflects that many parents were caused to become effective advocates for themselves and their children. Examples of this include the following:

1. Obtaining hearing aids and a wide variety of medical services for their children.

2. Obtaining financial support from out-of-home parents, food stamp programs, welfare, and the Social Security Administration.

3. Obtaining educational services for their school-excluded children by requests, negotiation, and due process hearings.

4. Seeking and usually obtaining needed evaluation services, developmental services, transportation services, and other specialized services which had previously been denied to the children either by the parents or significant other systems.

Parents were also motivated and guided into effective group advocacy on behalf of their children and others with similar needs. These activities included:

1. Abortive efforts to form an association for retarded citizens in Wilson County, followed by a successful formation of Friends of Exceptional Children in Wilson County.

2. Obtaining appropriate and effective services for the children involved in the preceding statement after a process of studying programs in adjoining counties, enlisting in group training programs, formation of parent-operated training program.

3. Advocacy for children with hearing impairment in Haywood County that resulted in Haywood County being named the top priority for the Department of Education in West Tennessee, and the provision of some but not all needed services to this group.

4. The involvement of parents in public awareness programs in Haywood, Wilson, and Bedford Counties that utilized radio, newspapers, meetings with generic agencies, church and civic club presentations, and general community awareness activities on a one-to-one basis. In Bedford County and Wilson County, these groups also systematically lobbied with county courts and with legislators in the home community and at the state capital for increase of funding for services for handicapped children. Group advocacy for the placement of a group home in Wilson County, an adult activity center in Haywood County, and an expansion of the Child Development Center, the Adult Activity Center, and the Sheltered Workshop in Bedford County.

Does the data show that the County Agents Program had an impact upon other Key Integrating Systems? Here again the data supported that the answer to this is generally that described above. In some cases the impact was immediately observable, and there was no alternative explanation for the results. In other cases, the County Agents appeared to be a substantial contributing factor, and in other cases we could only infer that it was a contributing factor. Virtually all the examples here listed are those that the staff were persuaded that the results occurred or occurred sooner than they otherwise would have but for the activity of the County Agents. Examples include the following:

1. One school system as required by law had report of more than 1200 suspected exceptional children needing special

education services. The system reported that it could not analyze and organize the information it had prior to the coming school year. The County Agent systematically organized the materials and by careful analysis of the data and followup was able to reduce this list of suspected cases to something over 600 by eliminating duplications and false positive reports.

2. Children who had been school excluded were readmitted.

3. Children needing services outside the school system received them at the expense of the school system.

4. Special transportation and special educational services were developed to meet the needs of individual children.

5. Dramatic expansion of special education services was achieved in Wilson County although the supervisor of special education reported to the central office (having called to seek suggestions on how to meet the financial and educational needs of one particularly difficult case) that this advancement would have been achieved even without the parent efforts that had been precipitated by the County Agent for Children.

6. Utilized and employed consultants and trainers located or secured through the efforts of the County Agents for Children to increase the ability to deliver educational services to children with learning disabilities, behavioral problems, ambulation problems, toilet training and other self-care problems, and emotional problems.

7. Furnished to County Agents and associated self-advocacy groups information and suggestions on how to establish new programs and lobby for additional resources.

8. Actively participated in social service luncheons in two counties.

9. Altered school exclusion program to utilize the juvenile court to develop alternative services and to encourage their own personnel to develop alternatives to school exclusion.

Impact upon the Health Care Endeavors includes the following examples:

1. Sharing information with County Agents and working more closely and cooperatively with the County Agents' families and the Human Services Department in meeting needs of children and families with particularly difficult problems.

2. Promoting and providing nutrition screening and health screening in Haywood County.

3. Increased efforts on behalf of State Department of Public Health, medical colleges and universities, and local citizens to establish a primary health care clinic; the establishment of Haywood County as the Number One priority county for services under the Developmental Disabilities Act.

4. The providing of corrective surgery for children who had previously been denied this much-needed service.

The impact on churches was evidenced by the following:

1. The establishment of classes for developmentally disabled children.

2. Active participation in support of the social service luncheon.

3. Assistance in fund raising for services to children in the local community.

4. Assisting in the establishment of a Buddies Program for juveniles on probation.

Impact on the judicial system was evidenced by the following:

1. Use of the County Agent as a resource to find alternatives for juveniles charged with law violation or with being status offenders.

2. Use of the County Agent to seek funds and design a group residence for juvenile offenders, emergency care for runaways (which wound up being established in an adjoining county that utilized information and materials from the model developed by the Project).

3. Use of County Agent staff in two statewide inservice training programs.

4. Use of County Agents to identify and describe the services of various agencies in the county or available to the county which the judge could use as a resource.

5. Acting as a guide and advisor to the County Agents on a wide variety of problems and issues.

The data and discussions of the County Agents also reveal that the potential of those juvenile courts which are also the chief administrative offices of the county are probably the most valuable resource that the County Agents had, and are a very appropriate place for location of the Office of County Agents. The full potential of these county judges was not realized by the central office and the County Agents and therefore were not utilized to the extent that would have been desirable, both from the standpoint of effectiveness and continuation.

The data collected in the program does not yield itself to easy classification in terms of impact on other significant agencies and individuals at the community level. Attachment XV reflects the kinds of contacts made with many of these agencies and others in a tabular form. There is considerable narrative data in this report and in the quarterly reports demonstrating that the Key Integrating Systems of Society and the In Trouble Systems did improve their coordination in respect to performing functions associated with problems that the County Agent Programs were addressing.

The expectation of the original proposal that data could be generated to measure the impact of the program in terms of reduced reliance on the Institutional Care Endeavors could not be met. A federal court ordered admissions to Clover Bottom Developmental Center stopped. There were many factors influencing the use of juvenile correctional institutions. Even if this had not been the case, there was a difficulty concerning the reliability of such statistics that we could locate and there was no way to determine how many factors were affecting institutional reliance rates.

The County Agents did report cases where their intervention did result in diversion of children from the Institutional Care Endeavors and did assist in speeding up the process of reintegration to the community. In virtually all of these cases, substantial numbers of volunteers were utilized and agency personnel were persuaded to give special attention and services. In the case of one retarded offender, more than 20 volunteers participated in helping the instrumental and expressive needs of the child. In a few cases, the institutional diversion efforts required assisting the families directly and through volunteers to solve the problems of economics, nutrition, housing, legal relationships, transportation, and health problems as well.

County Agent staff and particularly those with whom they worked had direct impact on legislative bodies. Examples include these:

1. The county court of Haywood County agreed to maintain and operate a transportation system for people to go to and from Jackson and Memphis to obtain services and helped lobby through a special appropriation to the county to set up a demonstration project. (They were unable to persuade the Governor not to veto the apporpriation.)

2. The county court of Williamson County voted the funds and authority to the judge to operate a County Agent for children and assign members of the court to be advisors.

3. The Wilson County court voted 24 to 20 on a resolution to establish support for a County Agent for Children in that county.

4. Efforts of the County Agent staff and volunteers resulted in passage of a resolution studying infant mortality in the state.

5. The General Assembly working with the County Agents for Children and others passed a bill requiring special services for retarded offenders to be planned and developed in the state.

6. Members of the General Assembly introduced legislation to provide supplemental support for the establishment of a group home in Wilson County, and the Wilson County legislators and a legislator from an adjoining county continue to devote time to the project.

7. The General Assembly, in response to efforts of self-advocacy groups across the state who utilized the County Agents Program as a coordinating and communication mechanism were able to reverse threatened policy changes and funding of community programs through Title IV-A and Title XVI of the Social Security Act.

8. On different occasions, a total of 8 legislators were involved in inservice training seminars, providing advice on tactics and strategies, assisting in securing services for individuals, and providing or obtaining free legal service.

9. One United States Congressman is continuing to work with the people of Haywood County and of Vanderbilt University to replicate the County Agents for Children Program in Haywood County.

The original proposal said it was reasonable to expect that the Project would lead to improved coordination and exchange of information between the Key Integrating Systems and the In Trouble Systems. Evidence that this did in fact occur as result of the activities of the County Agent includes the following:

1. The establishment of a social service luncheon in two counties as direct results of the County Agents was the most effective tool for accomplishing this increased coordination. We learned that many agencies were not aware of the functions and activities of other agencies or when they were aware of it, did not know the people important to their activities in the other agencies on a first name basis. Details concerning this are described in the Child Helper Series.

2. The County Agent proved to be an effective and much-used link between the systems important to children. Data regarding this is contained in Attachment XV showing the number of contacts and purposes made by County Agents and by the Program Director.

3. Free office space was provided through a probation officer in one of our target communities that worked out of another county which enabled him more effectively to relate to local systems. Office space was obtained without charge by the County Agent that enabled the Division of Mental Retardation to establish regional representatives in one of the target counties.

4. Because of the vast amount of data collected by the County Agents and the central office concerning programs and strategies throughout the state, the central office became an information system to state, local, and regional people involved in the following agencies -- Mental Health, Mental Retardation, Correction, Probation, Social Services, Self-advocacy Groups, Legal Services, Medical Services, Educators, and others. Our procedure was to link them with the most appropriate other agencies and individuals reflected in our data. This caused some concern because most often the services related to children outside our service counties and consequently we did not keep careful records on the number of cases (they would far exceed 100). One rationale for continuing to provide the service was that it made important contacts which we felt could be later called on to assist in solving problems for the target county children.

An objective of County Agents for Children was to emulate the County Agricultural Extension Service techniques for dissemination of information relating to problems of children and their solutions. We were never able to get any newspaper to run a weekly column written by our County Agents but were able to get extensive newspaper coverage as described in the Child Helper Series. In two of the counties, regular radio programs were established and there was no difficulty in getting local people and outside experts to discuss important issues relating to meeting the expressive and instrumental needs. The widespread use of presentations to civic clubs, distribution of brochures, and other materials is described in the Child Helper Series. We developed no way for effectively measuring the impact of these efforts.

Other evaluative comments are made throughout this report that relate to individual strategies, methods, and techniques, as well as to the overall program. We did considerable study and discussion throughout the Project concerning cost/benefit analysis. We felt that there was absolutely no way that we were capable of doing such analysis. First, there were too many variables that we could not gain competence to identify, describe, and measure.

Secondly, we developed no formula to value the changes in children and their families. For instance, with one family we found extreme malnourishment, elderly parents with diabetes and heart trouble with a school-excluded child that demonstrated no self-help skills, a total loss of prior academic skills; and he roamed the woods around his home with only minimal control by the parents. Thanks to sympathetic school personnel and others, the Agent was able to mobilize relatives, neighbors, and agency people to

the point that minimal nutrition was restored; the medical problems were stabilized at a tolerable level. The child was returned to school and regained some of his academic skills and was soon under appropriate control both in school and at home.

The value of this might be calculated in terms of avoided life-time institutional care of the child and increased life expectancy of the family, plus some value for the reduced medical problems and improved nutrition. We would expect that this calculation would produce something in the neighborhood of $300,000.

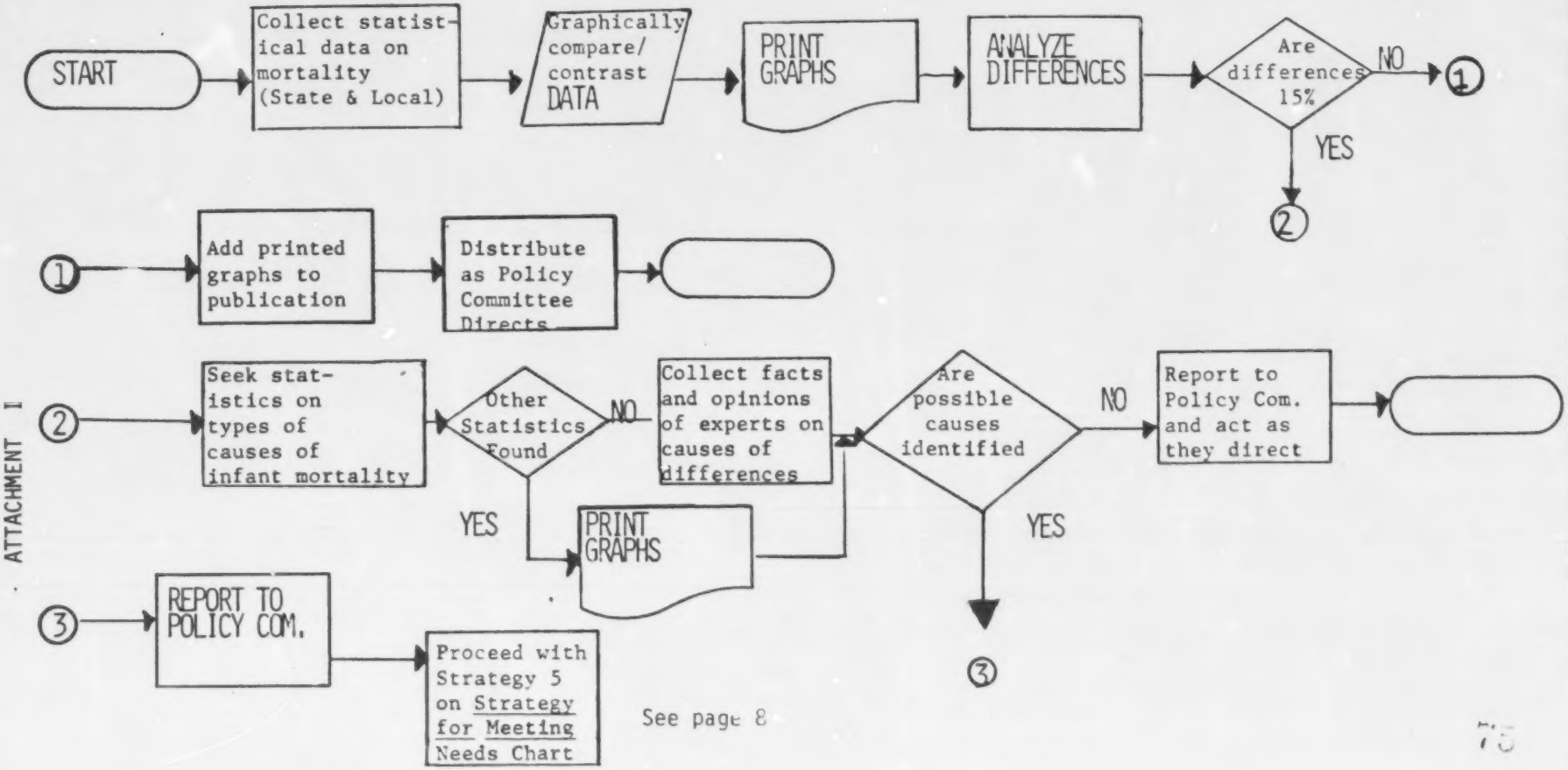
In one of the radio programs, two parents that we helped obtain services for their toddlers and two parents of adult children who had never received those services talked about the vast difference that it had made in the lives of the children and the family. Again we would be hardput to place a value on this that would be acceptable to all of our staff, the people with whom we work, or the reviewers of our Program.

As has been pointed out elsewhere, the Project in each county soon became involved with extreme needs and neglected or profound problems. It is our impression that once a County Agent Program was well-established in the community and had been operating for a decade or perhaps less, these problems would occur less often and would be solved more quickly. Consequently more subtle and more common problems would come to be addressed. If we are correct, this too would affect the cost/benefit evaluation. In developing proposals for replication in individual communities, we concluded that the minimum funds necessary to sustain a local program would be $20,000 to $24,000 per year. This would fund a full-time County Agent for about $10,000 plus fringe benefits, and a half-time Secretary. This is a minimal amount.

Agents in the county do need the backup of a central office to be most effective. The Agents felt that there should have been more man-hours available to them from the central office and that the Director should be full-time instead of part-time. This may be incorrect. There is value to having the Agents rely more on local resources, and there is also value in having the Director or some other person in the central office involved in teaching, research, or other activities relating to child development. Our experience indicates that we should depart from the Agricultural County Agent policy in one respect. That is the County Agent should be a long-time citizen of the community where he is employed rather than be selected to come in from the outside.

ATTACHMENT I

NEEDS IDENTIFICATION BY USING STATISTICS



See page 8

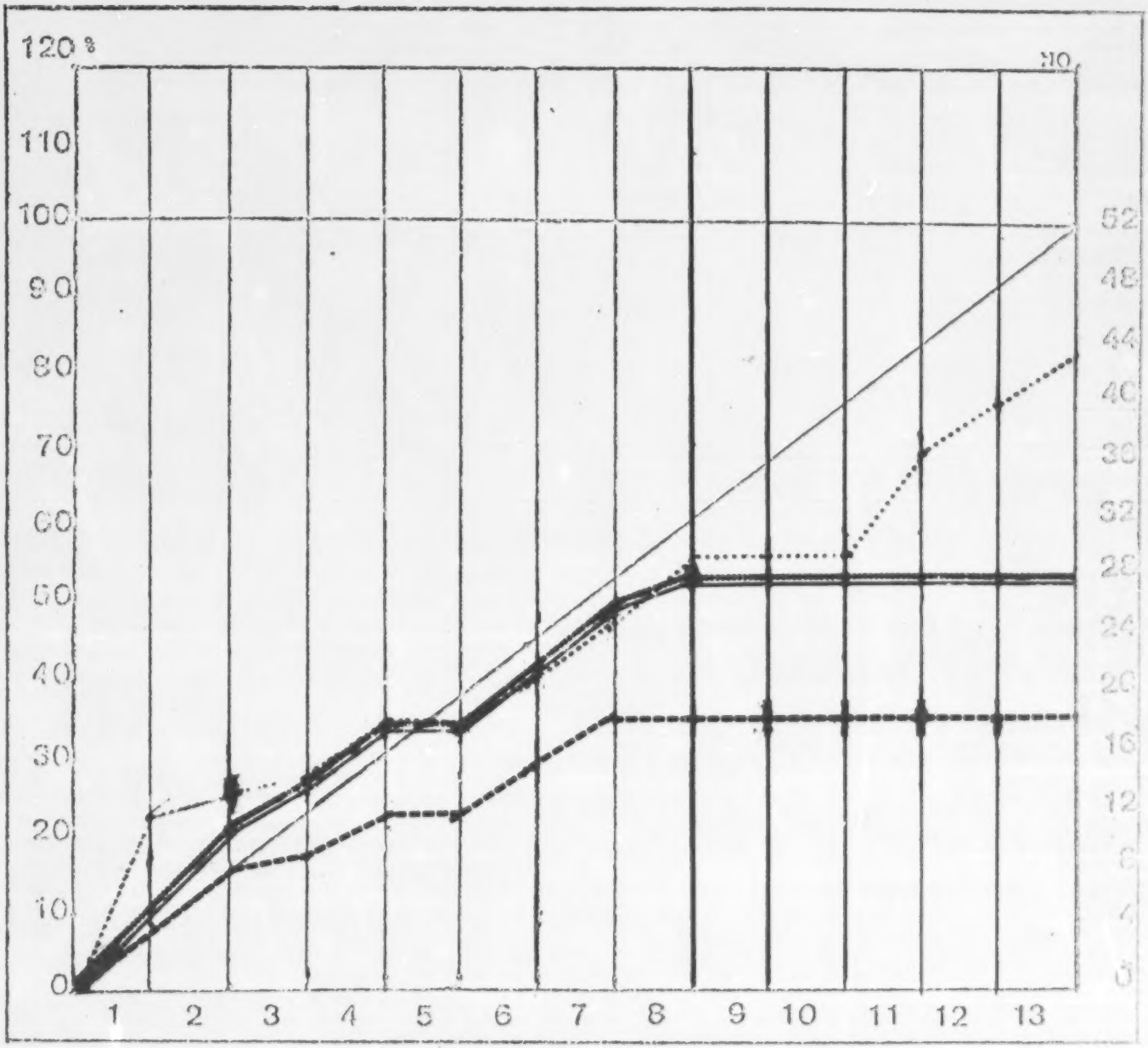
ATTACHMENT II

PEABODY COUNTY AGENTS FOR CHILDREN

GOALS VS. ACCOMPLISHMENTS

PEOPLE

SECOND QUARTER, 1973



13 = No. of weeks

WOODFIN LEWIS - HAYWOOD COUNTY

WALLACE CHAMBERS - BEDFORD COUNTY

RON HENNESSEE - WILSON COUNTY

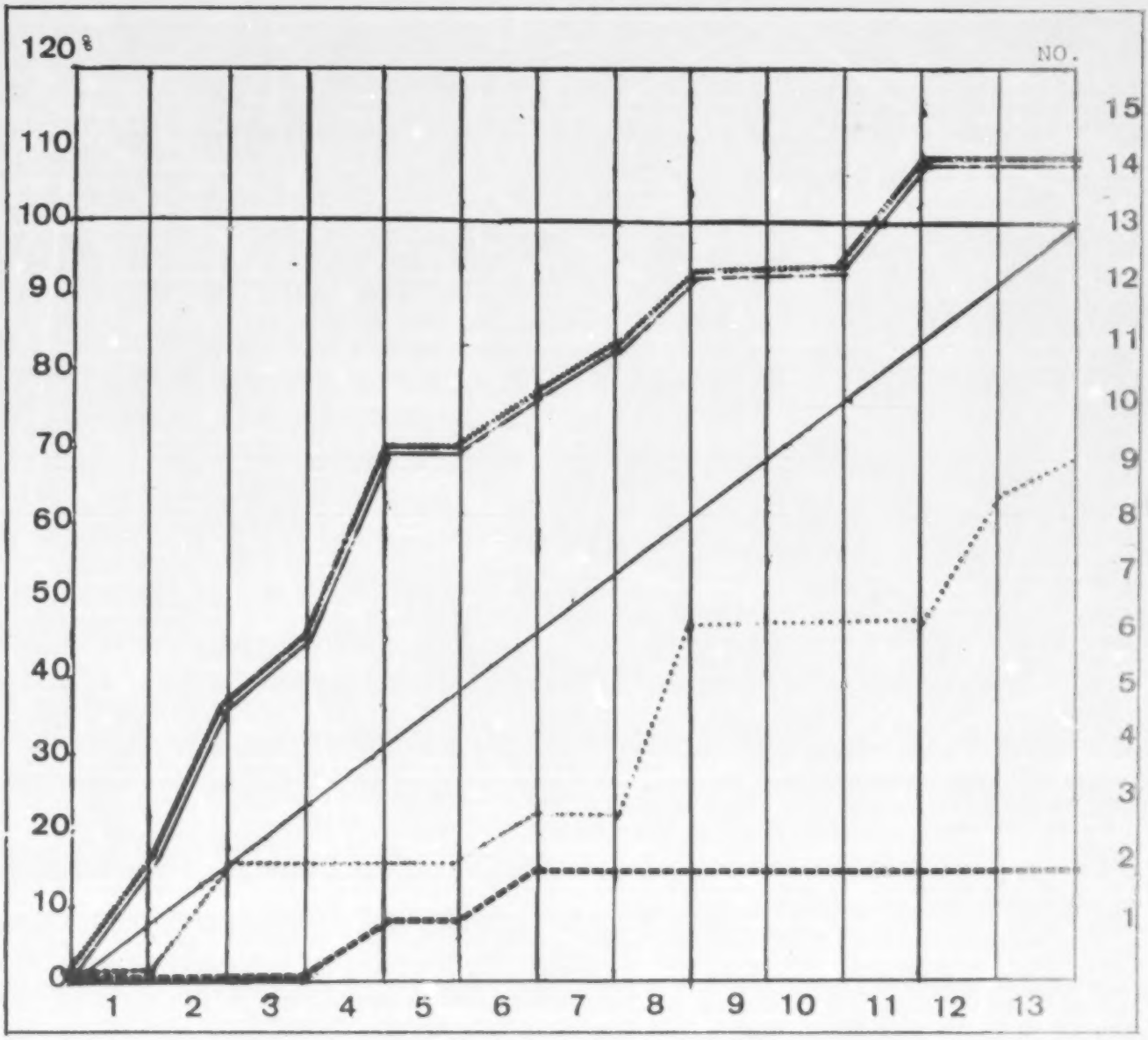
ATTACHMENT III

PEABODY COUNTY AGENTS FOR CHILDREN

GOALS VS. ACCOMPLISHMENTS

April 2 - June 29, 1973
SECOND QUARTER, 1973

PROGRAMS



13 = No. of weeks

WOODFIN LEWIS - HAYWOOD COUNTY

WALLACE CHAMBERS - BEDFORD COUNTY

RON HENNESSEE - WILSON COUNTY

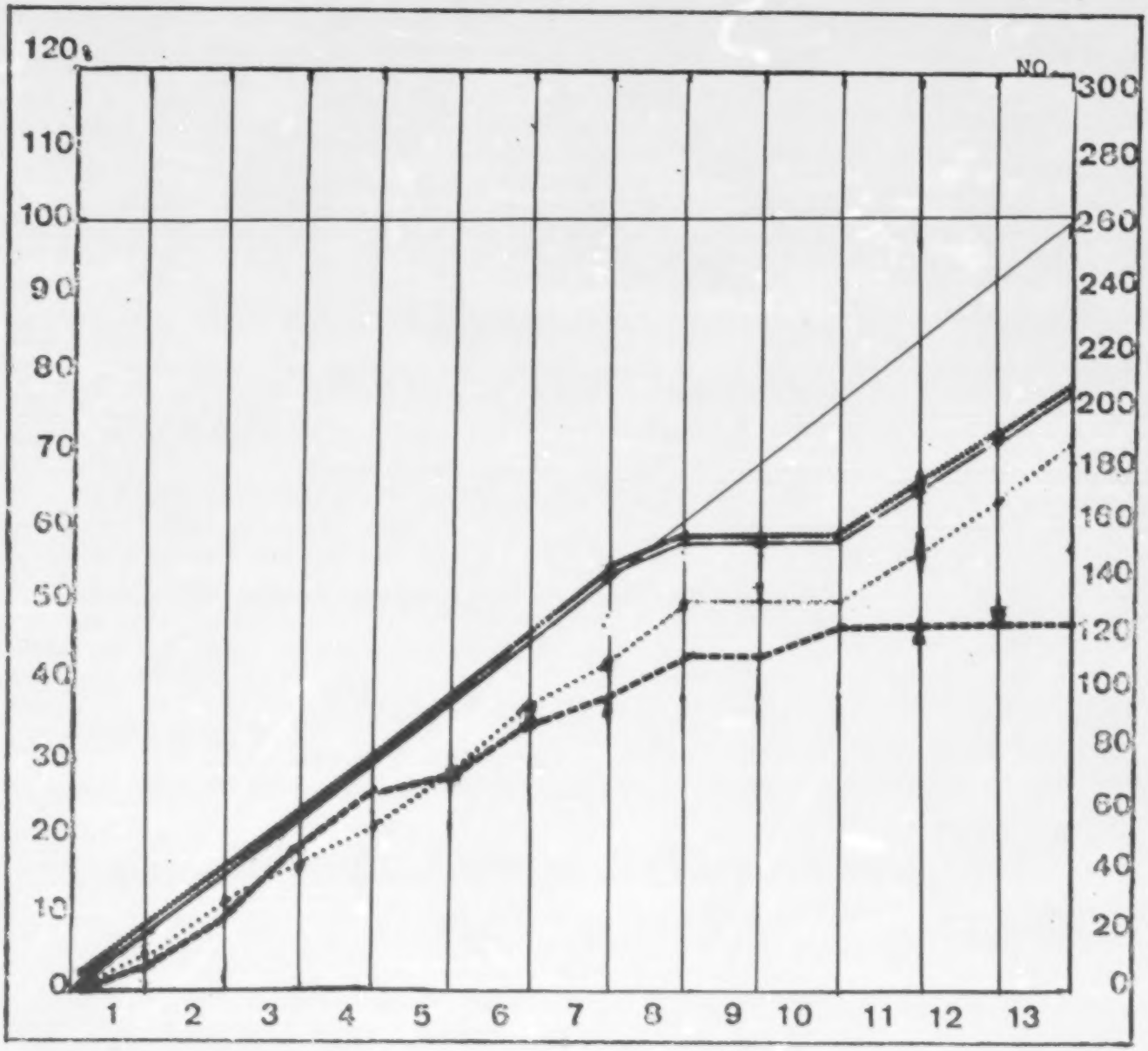
ATTACHMENT IV

PEABODY COUNTY AGENTS FOR CHILDREN

GOALS VS. ACCOMPLISHMENTS

SECOND QUARTER, 1973

IDEAS



13 = No. of weeks

WOODFIN LEWIS - HAYWOOD COUNTY .....

WALLACE CHAMBERS BEDFORD COUNTY ———

RON HENNESSEE WILSON COUNTY ———

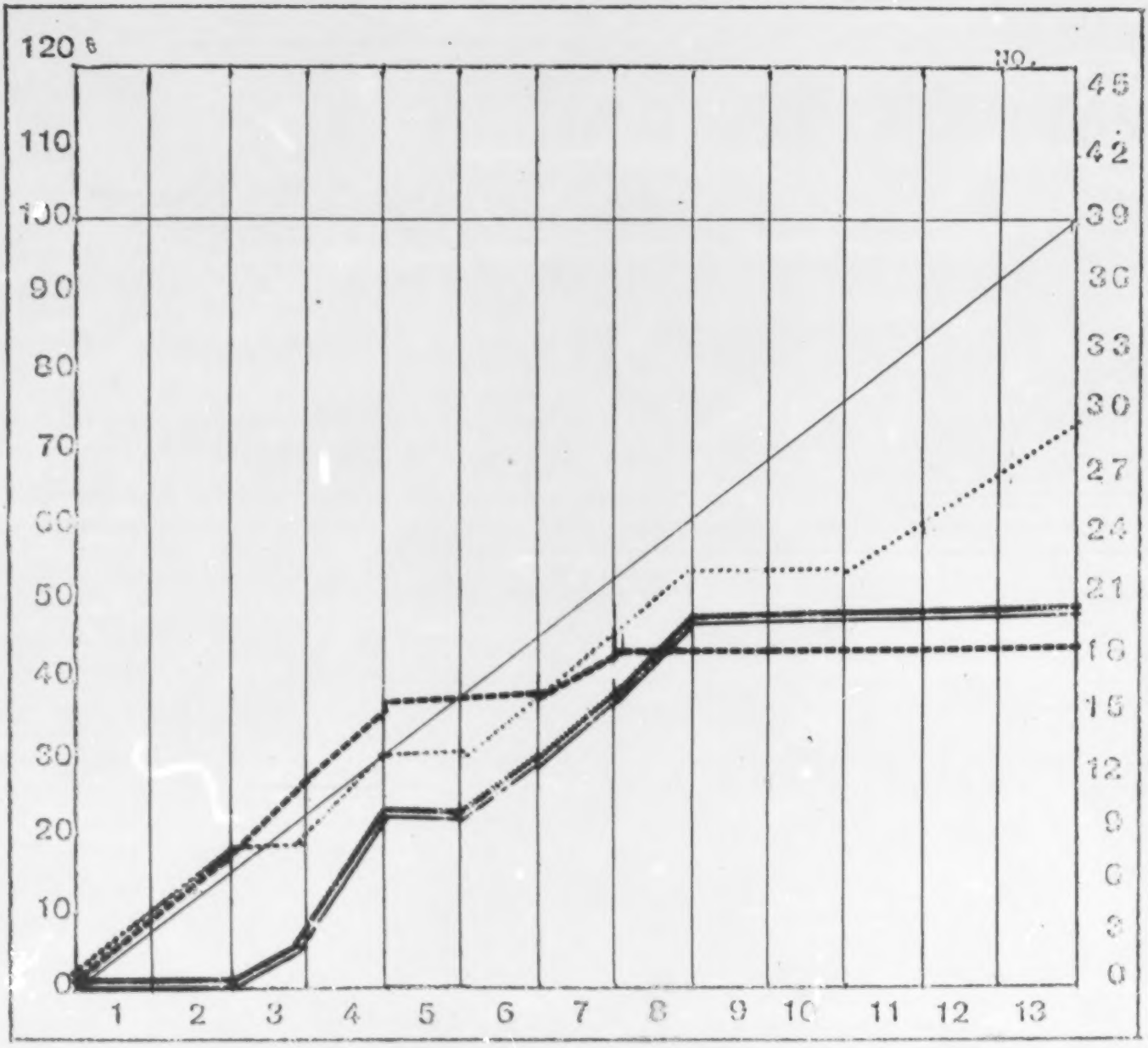
ATTACHMENT V

PEABODY COUNTY AGENTS FOR CHILDREN

GOALS VS. ACCOMPLISHMENTS

ORGANIZATIONS

SECOND QUARTER, 1973



13 = No. of weeks

MR. LEWIS - HAYWOOD COUNTY

MR. CHAMBERS - BEDFORD COUNTY

MR. HENNESSEE - WILSON COUNTY

ESTIMATED NUMBER OF HANDICAPPED
IN Wilson COUNTY
AGES 1-21
BASED ON 1970 CENSUS
AND
LIVE BIRTHS 1970 AND 1971

2627 | 10142 | 1748 | 14,517

TYPES OF HANDICAP	PREVALENCE RATE (%)*	4 YRS. AND BELOW	SCHOOL AGE 5-18 YRS.	19-21 YRS.	TOTAL
PHYSICALLY HANDICAPPED					
Crippled and Other Health Impaired	0.43%	11	44	7	62
Hearing Impaired	0.10%	3	10	2	15
Speech Impaired	3.60%	95	365	63	523
Visually Impaired	0.05%	1	5	1	7
SUBTOTAL		110	424	73	607
PSYCHOLOGICALLY EXCEPTIONAL					
Emotionally Disturbed	2.00%	52	203	35	290
Learning Disabled	1.12%	29	114	20	163
Mentally Retarded			132	23	189
Educable	1.30%	34	25	4	35
Trainable	0.24%	6			
SUBTOTAL		121	474	82	677
TOTAL		231	898	155	1284

*Planning to Finance Education, National Education Finance Project, Volume 3, Chapter 3.

School System's Report (Based on 1971-72) (Lebanon City Schools not yet Available)‡

Public School Enrollment	5794	(difference ??‡)
Handicapped Children Needing Services	283	
Handicapped Children Receiving Services	273	
Handicapped Children Awaiting Services	10	(difference ??‡)

WILSON'S PUPILS '71-'72

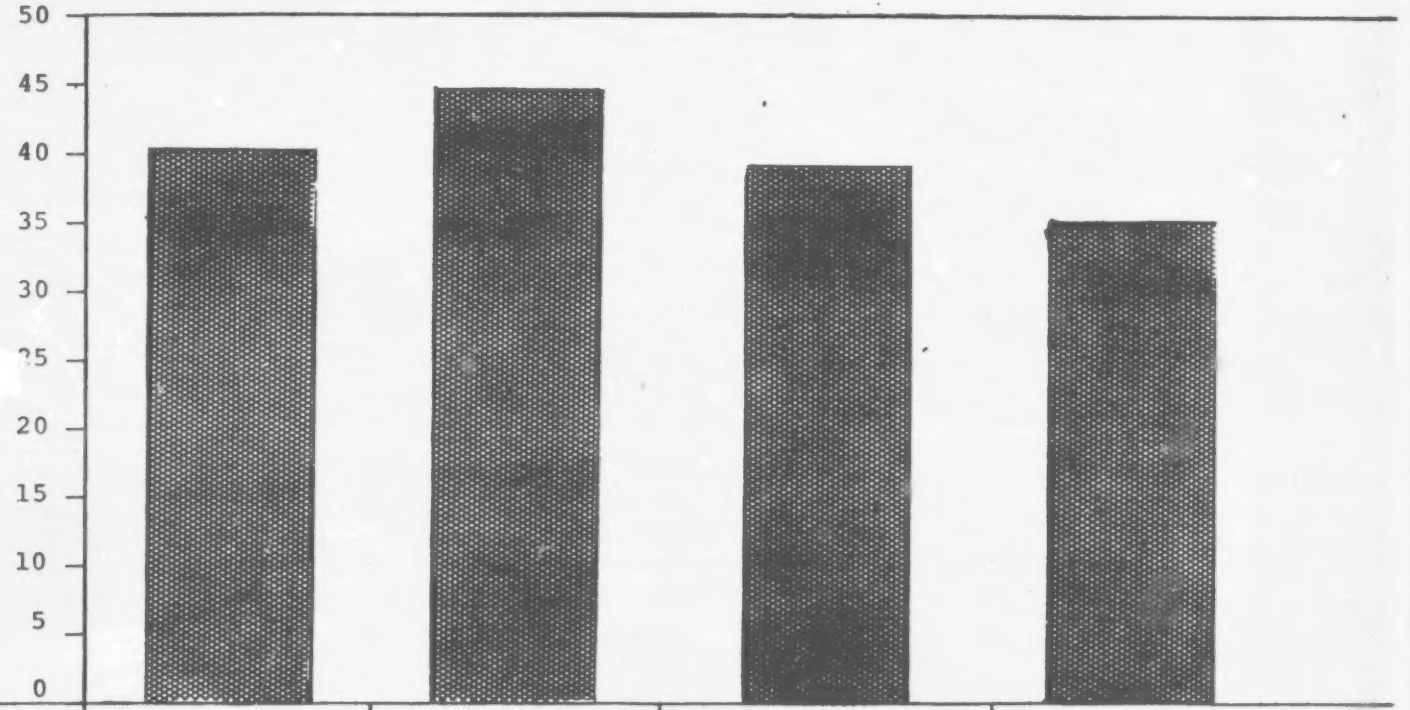
ANNUAL STATISTICAL REPORT, DEPT. OF EDUC. '7

PUBLIC SCHOOL PUPILS' FAILURE RATE

rate per 1000 enrolled

1971-72

grades 1-12



LOCALITY	TENNESSEE	HAYWOOD COUNTY	BEDFORD COUNTY	WILSON COUNTY *
TOTAL ENROLLED	960,731	5,421	5,778	9,469
NUMBER FAILING	38,870	242	226	335
FAILURE RATE PER 1,000 ENROLLED	40.5	44.6	39.1	35.4

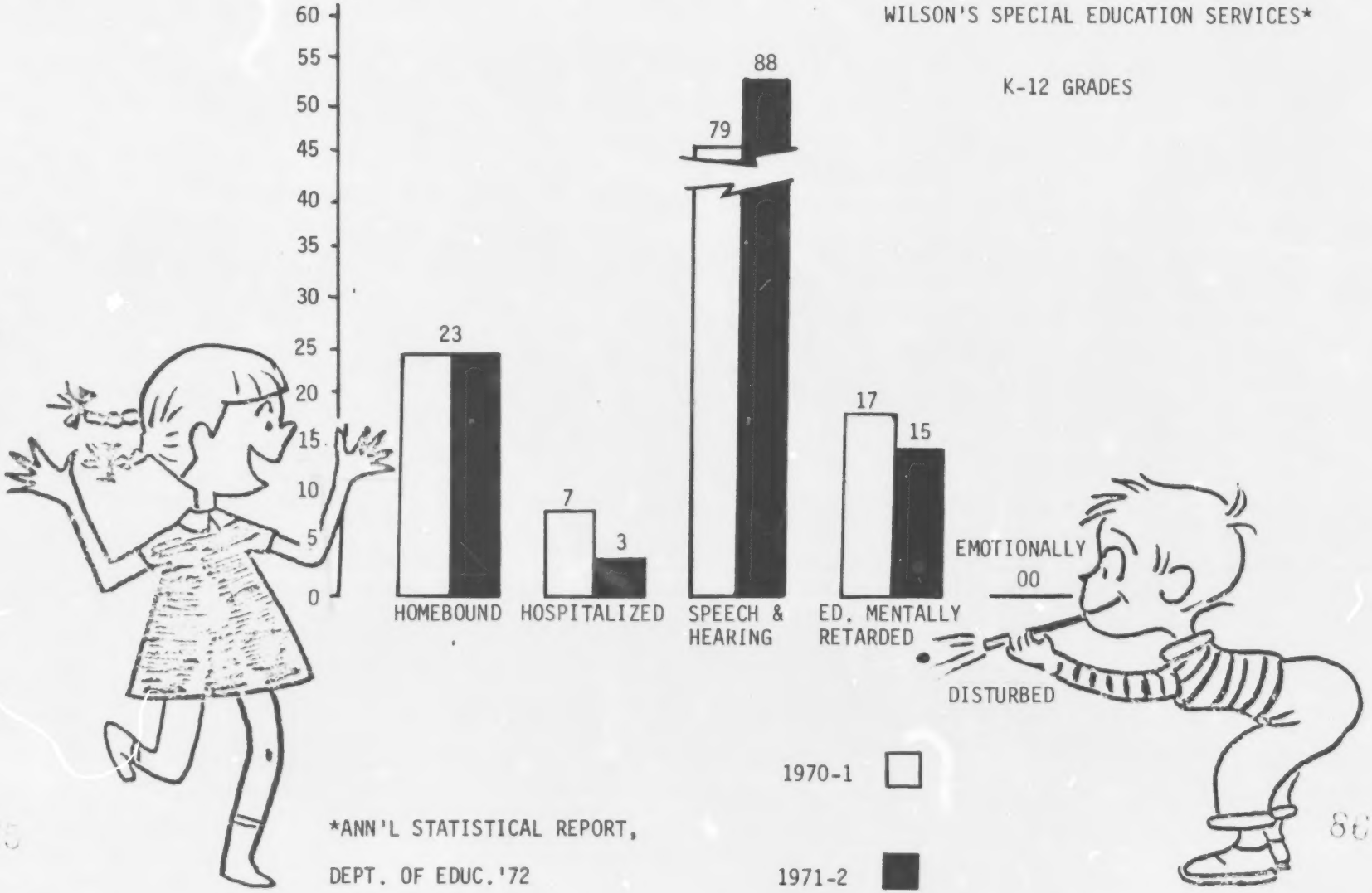
1972 Annual Statistical Report
Tennessee Dept. of Education

* Wilson County figures include Lebanon and Watertown school districts.

ATTACHMENT VI

WILSON'S SPECIAL EDUCATION SERVICES*

K-12 GRADES



*ANN'L STATISTICAL REPORT, DEPT. OF EDUC.'72

ATTACHMENT VII

SIXTY-TWO RESOURCES TO ASSIST THE EDUCATOR IN MORE EFFECTIVE TEACHING AND CLASSROOM MANAGEMENT OF "PROBLEM CHILDREN".

SOURCE: Public Documents Distribution Center
5801 Tabor Avenue
Philadelphia, Pennsylvania 19120

CATALOG NUMBER	TITLE	PRICE
1 D	The Way Children Learn: 1972 (1791-00180)	.40
2 D	More Than a Teacher: 1972 (1791-00179)	.45
8 D	Improving Teaching Effectiveness: 1972 (1780-01087)	.35

SOURCE: National Institute on Mental Retardation
Kinsmen Building
4700 Keele St.
Downsview, Ontario
Canada

CATALOG NUMBER	TITLE	PRICE
H 25	Helping the Slow Learner: 1967	.25
H 26	Helping the Trainable Mentally Retarded Child: 1969	1.75

SOURCE: California Association for Neurologically Handicapped
Literature Distribution Center
P. O. Box 1526
Vista, California 92083

AUTHOR	TITLE	PRICE
Adler, S.	Your Overactive Child: Normal or Not?	6.95
Anderson, L.	Helping the Adolescent with a Hidden Handicap	4.50
Auerbach, A.	The Social Control of Learning Disabilities	.50
Ames, Et. Al.	Stop School Failure	8.95
Arena, J. Ed	Building Spelling Skills	3.50
Arena, J. Ed	Building Number Skills	3.75
Bradfield, R.	Behavior Modification of Learning Disabilities	3.95
Buckley	Modifying Classroom Behavior	3.60
Busgalia, L.	Love as a Behavior Modifier	1.00
Cratty, B.	Active Learning - Games to Enhance Academic Abilities	4.50
Canter, L.	The Whys and Hows of Working with Behavior Problems in the Classroom	3.50
Carter	Help! These Kids are Driving Me Crazy	2.95
Corey, G.	Teachers CAN Make a Difference	4.50
Ebersole	Steps to Achievement for the Slow Learner	5.95
Ernst, K.	Games Students Play (And what to do about them)	3.95
Eisenberg, L.	The Overactive Child	.40
Edgington, R.	Helping Children with Reading Disability	1.00

AUTHOR	TITLE	PRICE
Frostig & Maslow	Learning Problems in the Classroom: Prevention and Remediation	11.50
Frierson & Page	Grading Without Judgment	4.00
Gambrell & Wilson	Focusing on the Strengths of Children	2.25
Golick, M.	She Thought I Was Dumb But I Told Her I Had a Learning Disability	1.00
Homme, Et Al	Contingency Contracting in the Classroom	3.75
Johnson	Learning Disabilities: Educational Principles and Practices	9.75
Karnes, M.	Helping Young Children Develop Language Skills	4.70
Kost, M. L.	Success or Failure Begins in the Early School Years (Excellent Handbook for K-1 Teachers)	14.75
Kronick, D.	A Word or Two About Learning Disabilities	6.00
Lerner, J.	Children With Learning Disabilities, Theories, Diagnosis and Teaching Practices	9.95
Page, W.	Individualized Instructions for Adolescents with Learning Disabilities	.15
Patterson	Living With Children - New Methods for Parents and Teachers	3.00
Powers, H. MD	Dietary Measures to Improve Behavior and Achievement	.40
Rosenthal, J. MD	Hazy? Crazy? and/or Lazy? The Maligning of Children with Learning Disabilities	3.75
Sheppard, Et Al	Teaching Social Behavior to Young Children	3.50
Sperry, V.	A Language Approach to Learning Disabilities	2.50
Smith & Smith	Child Management, A Program for Parents and Teachers	3.50
Simon, S.	Values Clarification: A Handbook of Practical Strategies for Teachers and Students	3.95
Siegel, A.	The Exceptional Child Grows Up	8.95
Strothers, Et Al	The Educator's Enigma: The Adolescent with L.D.	2.00
Scagliotta, E. G.	Deck Stacking...A Way to Help the Troubled Child	.25
Taylor, Et Al	Motivating Reluctant Learners	3.95
Valett, R. E.	Remediation of Learning Disabilities	15.00

AUTHOR	TITLE	PRICE
Veatch, Et Al	Key Words to Reading	4.95
White & Smith	Behavior Modification: A Classroom Teacher's Handbook	2.25
Wedemeyer	Creative Ideas for Teaching Exceptional Children	3.95
Waugh & Bush	Diagnosing Learning Disabilities	5.95
Wunderlich, R.	Kids, Brain and Learning	7.00
Wunderlich, R.	Allergies, Brains and Children Coping	5.00
Wunderlich, R.	Treatment of the Hyperactive Child	.40

AUTHOR	TITLE WITH ANNOTATION	
Aukerman, R.	Approaches to Beginning Reading. A compendium of 100 different approaches. And for each one, it presents materials and methods, tells how, when, where and by whom it was started and cites reported research. It also includes Dr. Aukerman's professional observations and opinions.	7.75
Bateman, E. Ed.	Reading Performance and How to Achieve It. Four sections: Causes, Severity and Classification of Specific Reading Disorders, Some Characteristics of Poor Readers, Toward Teaching and Teaching by Experts in the Field -- Just to mention a few -- Bannatyne, Kass, De Hirsch, Frostig and Bateman.	6.50
Fader and McNeil	Hooked on Books: Program and Proof. The Reading Program That Woke up Teachers! Here is the NEW Edition You will Find a Fully Detailed Description by Dr. Fader of How to Use His Program. A New Study Guide for Teachers and a Fully Documented Research Section by Dr. McNeil. Excellent for Secondary Teachers, Administrators and Curriculum Consultants.	.75
Frostig, M.	Selection and Adaptation of Reading Methods. Contains Diagnostic and Remedial Charts plus 18 different methods to use.	2.50
Heckelman, R.	Solutions to Reading Problems. This book contains a number of Pragmatic Approaches to the Teaching of Reading. Includes the now well-known "Neurological Impress Remedial Reading Method" but also two new methods which have never before appeared in print.	3.95
Sperry, V.	A Language Approach to Learning Disabilities. A source book of activities for Teachers. Contains visual activities, auditory activities	2.50

activities for other senses and miscellaneous activities. The Appendix includes materials and worksheets which have been a particular value in in implementing the aforementioned programs.

TENNESSEE

infant mortality

RATE

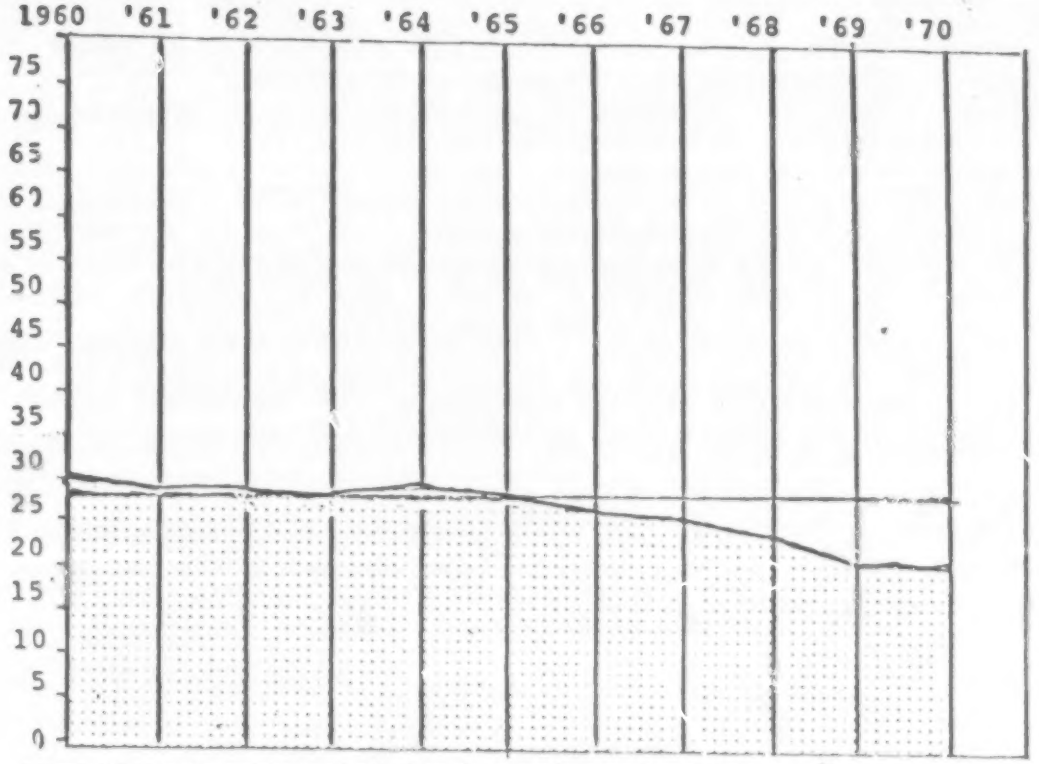
white & black

Children

(Death under ONE year of age)

ATTACHMENT VIII

STATE RATE FOR 1960-1970
27.34



No. of deaths

	1960	'61	'62	'63	'64	'65	'66	'67	'68	'69	'70
all	2399	2372	2297	2224	2255	2024	1790	1649	1549 a/	1529	1540
white	1610	1607	1543	1459	1547	1327	1186	1107	1039	1031	1061
black	789	765	754	765	708	697	604	542	509	498	479

a/ Includes one death with race not stated.

Rate of deaths per 1000 live births

	1960	'61	'62	'63	'64	'65	'66	'67	'68	'69	'70
all	29.3	28.9	28.4	27.9	28.2	27.7	26.0	24.3	23.1	21.9	21.3
white	25.3	25.2	24.5	23.5	24.7	23.5	22.1	20.9	19.7	18.7	18.7
black	43.0	41.9	42.0	43.5	40.3	42.0	40.0	36.7	35.7	33.7	30.9

*VITAL STATISTICS 1960-1970

HAYWOOD COUNTY

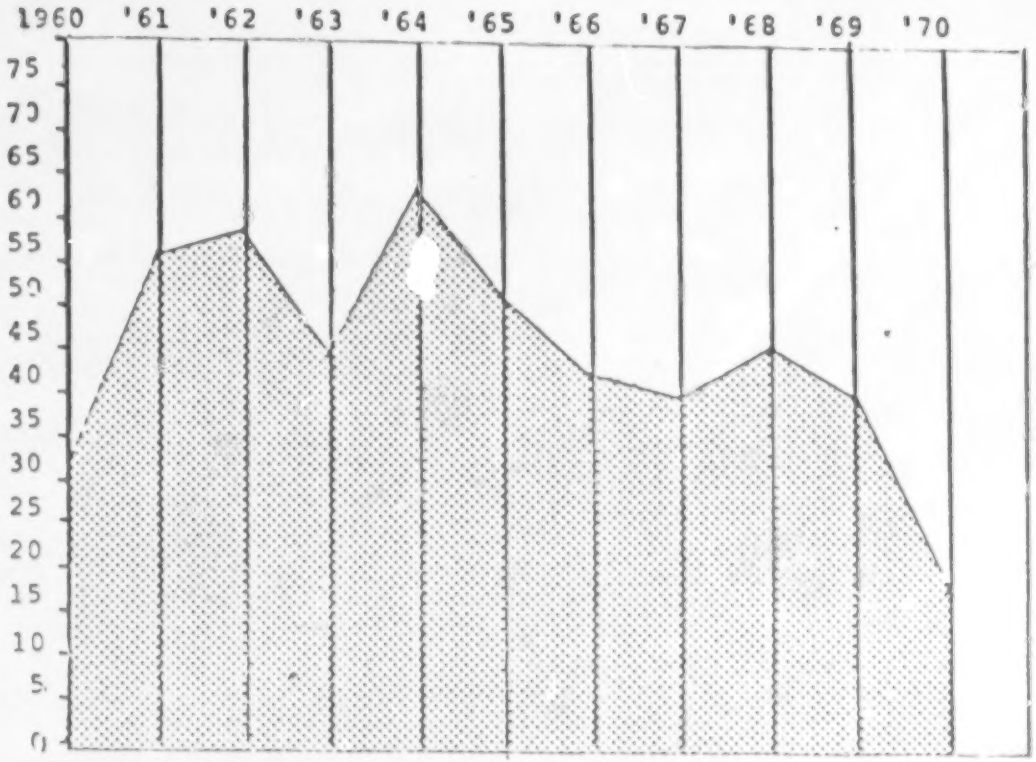
infant mortality

RATE

white & black Children

(Death under ONE year of age)

STATE RATE FOR 1960-70
27.34



No. of deaths

	1960	'61	'62	'63	'64	'65	'66	'67	'68	'69	'70	
all	22	36	36	26	35	27	19	18	19	14	5	
white	2	4	6	2	3	4	4	2	2	2	1	
black	20	32	30	24	32	23	15	16	17	12	4	

Rate of deaths per 1000 live births

all	33.1	55.5	58.5	44.1	63.6	51.8	43.2	41.4	45.3	37.8	15.1	
white	12.6	23.5	36.4	12.7	23.8	27.0	31.0	18.0	13.2	15.6	8.5	
black	39.6	66.8	66.7	55.6	75.5	61.7	48.2	49.4	63.4	49.6	18.8	

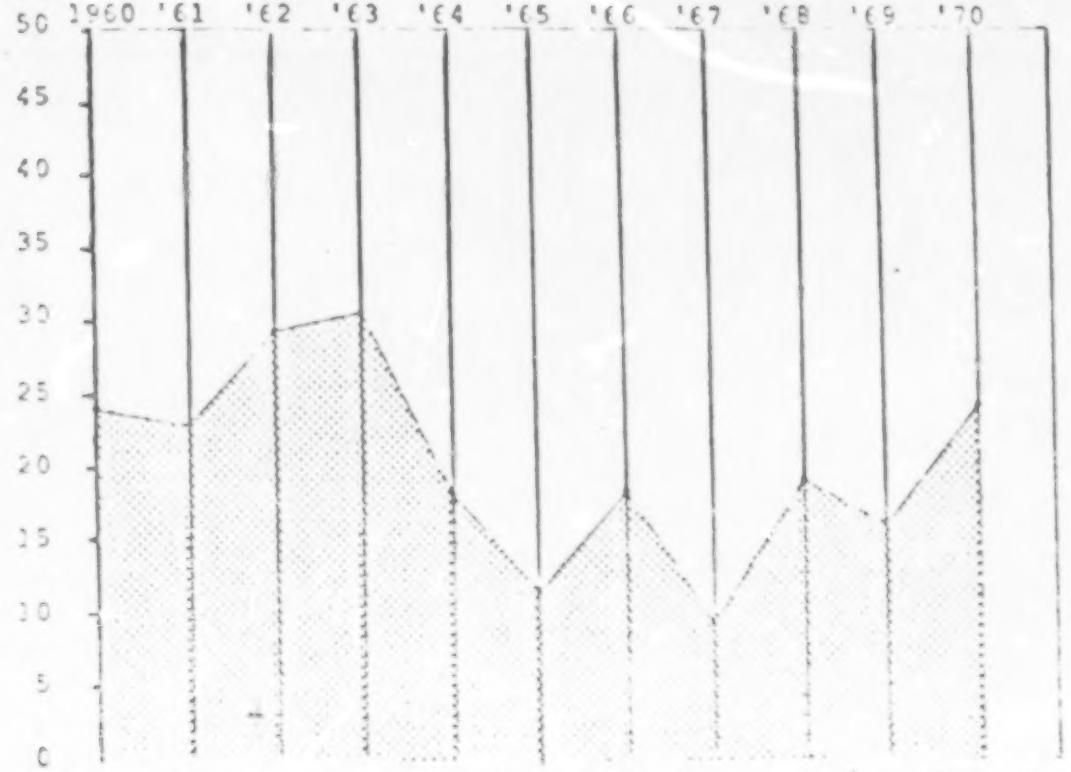
*Vital Statistics 1960-70

HAYWOOD COUNTY

FETAL MORTALITY RATE

1960-70

STATE RATE 1960-70
16.8



No. of deaths

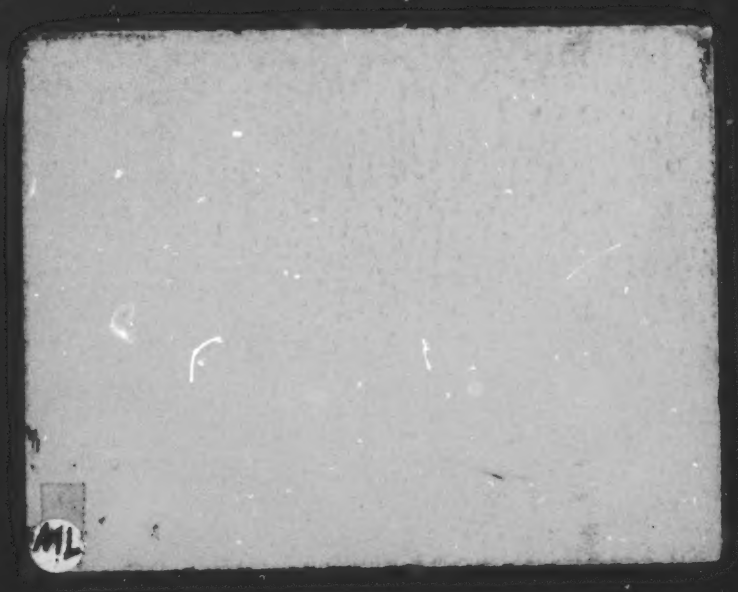
	1960	'61	'62	'63	'64	'65	'66	'67	'68	'69	'70
all	[illegible]	15	10	8	2	6	9	4	8	6	8
white	0	4	8	5	2	1	2	1	1	0	3
black	16	11	10	3	8	5	6	3	7	6	5

95

Rate of deaths per 1000 live births

	1960	'61	'62	'63	'64	'65	'66	'67	'68	'69	'70
all	24.1	23.1	29.3	30.6	18.2	11.5	18.2	9.2	19.2	16.2	24.2
white	0	23.5	48.5	31.8	15.9	6.8	15.5	9.1	8.6	0	25.4
black	31.2	23.6	22.2	30.1	18.2	13.4	18.2	8.3	26.1	24.5	23.5

96



1.0
1.1
1.25
1.4
1.6
1.8
2.0
2.2
2.5
2.8
3.2
3.6
4.0
MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

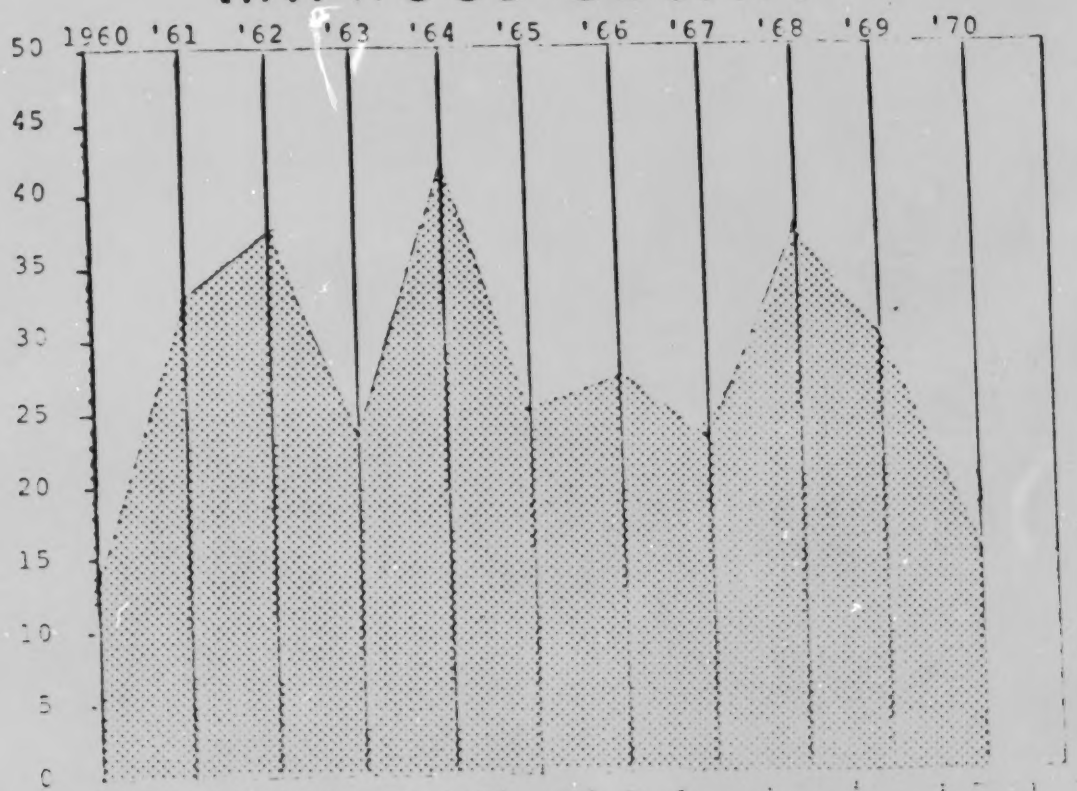
HAYWOOD COUNTY

NEONATAL MORTALITY RATE

(Death under 28 days of age)

1960-70

STATE RATE 1960-70
18.5



No. of deaths

	1960	'61	'62	'63	'64	'65	'66	'67	'68	'69	'70
all	9	21	22	14	23	13	12	10	15	11	5
white	2	3	5	1	3	3	1	2	2	2	1
black	7	18	17	13	20	10	11	8	13	9	4

Rate of deaths per 1000 live births

	1960	'61	'62	'63	'64	'65	'66	'67	'68	'69	'70
all	13.6	32.4	35.8	23.8	41.8	25.0	27.3	23.0	35.8	29.7	15.1
white	12.6	17.6	30.3	6.4	23.8	20.3	7.8	18.0	13.2	15.6	8.5
black	13.9	37.6	37.8	30.1	47.2	26.8	35.4	24.7	48.5	37.2	18.8

VITAL STATISTICS 1960-70

ATTACHMENT IX

SENATE JOINT RESOLUTION NO. 96

By Williams, Patterson

A RESOLUTION directing the Legislative Council Committee to study infant mortality in the state of Tennessee and to recommend efforts to reduce infant mortality, especially in those areas where the rate of mortality is 50 to 100 per cent higher than the rate in other areas.

WHEREAS, Tennessee has made encouraging strides during the past five years in reducing infant mortality; and

WHEREAS, the White House Conference on Children reports that even though in certain urban ghettos, infant mortality has been significantly reduced, they also report that outside of these selected areas "the rates for infant mortality and prematurity are twice as high among the poor as among the middle class."; and

WHEREAS, the most recent vital statistics report of the Tennessee Department of Public Health shows that certain poor infants in rural areas have twice the chance of dying in the first year of life when compared to the state average (40 per thousand as compared to 20.6 per thousand); and

WHEREAS, Tennessee's infant mortality rate is higher than the national rate and the national rate of death exceeds that of 12 other countries, there is reason to believe that careful study of the causes of infant mortality and a coordinated effort between the Legislative and Executive Branches could result in additional reduction of infant mortality; and

WHEREAS, there are many federal programs that might be available to local communities that the local communities are not aware of; and

WHEREAS, the General Assembly wishes to determine if greater progress could be made by a closer coordination of state agencies, local agencies, and federal agencies; and

WHEREAS, the General Assembly wishes to determine if there is associated with areas of high infant mortality a high incidence of crippling conditions, mental retardation, and other handicapping conditions that are preventable and in the absence of prevention would cost families, communities, and government great amounts of effort and funds to ameliorate; now, therefore,

BE IT RESOLVED BY THE SENATE OF THE 88TH GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, THE HOUSE OF REPRESENTATIVES CONCURRING, that the Legislative Council be, and the same is hereby directed to study the problems related to infant mortality in the state of Tennessee, reporting its findings to the 89th General Assembly, 1975 session, in the following specific areas:

1) A sound estimate of the rate of infant mortality among high-risk populations based on geographic area, race, and economic status;

2) Opportunities for improved coordination among state agencies and between state, local, private, and federal agencies;

3) The results of a survey of needs for services calculated to reduce infant mortality among high-risk populations;

4) If appropriate, a report of three to six specific causes of infant death that would be appropriate targets for coordinated action by private and governmental agencies;

5) Findings regarding whether areas of high infant mortality are also areas of high incidence of crippling and handicapping conditions among children;

6) Recommended strategies of future action including information for local government and private agencies to use for obtaining assistance in working with high-risk groups; and

7) Such other matters as the Council deems appropriate.

ATTACHMENT X

AN ACT to provide for the establishment of the office of Training and Habilitation (for the mentally retarded offender)

This act is based on the philosophy that the principle factors contributing to the involvement of mentally retarded persons in the criminal justice system are related to their mental capabilities rather than to any inherent criminal tendencies. Mentally retarded offenders can therefore be rehabilitated when they are placed into correctional programs which provide individualized planning and training for their intellectual and vocational needs. Such services must be provided in a community which approximates the environmental conditions they will inevitably encounter in order to facilitate their re-entry into society.

This act provides for community residential services for those mentally retarded offenders who are in need of intensive training in daily living skills or who have inadequate home-life conditions. A short term security facility will serve persons whose behavior is not yet conducive for living in a community setting. Persons whose home life is judged to be adequate for their rehabilitation will continue to live in their homes so long as transportation may be provided to the day program facilities. All persons in the program will participate in a daily program which may either take place in a special facility operated by the office or in other existing community programs which have been judged to be beneficial to the rehabilitation of the ward. The daily program will emphasize self help skills, vocational skills, and those academic skills that are essential for vocational placement.

This act is designed to elicit full cooperation of state and local agencies to implement the goals of the program. Representatives of several state agencies will serve as members of an advisory council, and assigned personnel from the Departments of Mental Health, Education, Corrections and Employment Security will work directly with the director of the office for the purpose of utilizing the services of each department.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

Section 101. SHORT TITLE

This act may be cited as the Special Correction and Habilitation Act.

Section 102. PURPOSES.

(1) The purposes of this act are to authorize the establishment of programs, especially community based programs, for habilitating persons who are mentally retarded public offenders or delinquents, in order to achieve and maintain for themselves a place in the community with optimum safety, freedom, independence, and integration.

Section 103. DEFINITIONS.

When used in this act, unless the context otherwise requires:

(1) "Mentally Retarded Offender" means a person with sub-average general intellectual functioning which originates during the development period and is associated with an impairment of adaptive behavior who is a defendant at any stage in the criminal justice system or in a judicial proceeding.

(2) "The Office" means the Office of Training and Habilitation (for the Mentally Retarded Offender or Delinquent).

(3) "Director" means director of the Office.

(4) "Group Home" means a home located in the least restrictive normalized setting required for developing appropriate behavior of the wards of the office.

(5) "Ward" means a person committed or admitted to the programs of the Office. A Ward may alternatively be referred to as

"apprentice", "student", "client" or other title authorized by the Office regulations.

(6) Delinquent Act - as defined in T. C. A. 37-202 subsection 3.

(7) Delinquent - as defined in T. C. A. 37-202 subsection 4.

Section 104.

(1) There is hereby established in the Department of Education, Division of Vocational Rehabilitation, an Office of Training and Habilitation (for the Mentally Retarded Offender or Delinquent).

The Office shall be under the direction of a Director appointed by the Director of Vocational Rehabilitation in accordance with established standards of the State Board of Vocational Rehabilitation and the State Department of Personnel. And will be paid a salary commensurate with the duties required by this act.

(2) The Office of Training and Habilitation (for the Mentally Retarded Offender or Delinquent) shall have the power to

(a) Establish a staff sufficient in number including specially trained personnel required to furnish corrective or supporting services to the mentally retarded offender or delinquent for the optimum functioning of the program

(b) Establish and operate programs for training and education of the mentally retarded offender or delinquent

(c) Acquire, construct, maintain and operate facilities in which to provide education, corrective services and supporting services for mentally retarded offenders and delinquents.

(d) Make arrangements with all departments and community-based, private, non-profit rehabilitation facilities represented on the Coordinating Committee and to contract for services with said departments, any profit and non-profit organization and the Special Education Services Association or any education, corrective and supporting services or facility provided by any school district

(e) Acquire, hold and convey real property

(f) Provide transportation for the mentally retarded offender and delinquents in connection with any of its programs, classes or services

(g) Receive, administer and expend funds appropriated for its use

(h) Apply for, accept, and utilize grants, gifts, or other assistance, and, if not contrary to law, comply with the conditions, if any, attached thereto.

(3) (a) There is hereby established a Coordinating Committee for the Office of Training and Habilitation (for the Mentally Retarded Offender or Delinquent) comprised of representatives of the following agencies:

(1) The Division of Mental Retardation, Department of Mental Health

(2) The Division of Psychiatric Services, Department of Mental Health

(3) The Division of Family Services, Department of Public Health

(4) The Department of Public Welfare, Division of Protective Services

(5) The Division of Probation and Parole, Department of Correction

(6) The Division of Youth Services, Department of Correction

(7) The Division of Adult Services, Department of Correction

(8) The Department of Finance and Administration

(9) The Department of Employment Security

(10) The Division of Special Assignments, Department of Education

(11) The Division of School Systems Management and Planning, Department of Education

The Director is authorized to select and appoint other persons from any other state agency in existance at present or created during the period this act is in effect, any private agency or any private non-profit corporation to the coordinating committee whenever it appears necessary to do so. The Director shall act as the Executive Director of this committee. The committee shall meet no less often than two (2) months and the minutes of the meetings shall be furnsihed to the Governor, all committee members, commissioners of the respective departments, and other persons selected by the Director.

(3) (b) The Committee shall:

(a) By written operating procedures provide for the election of a Chairman and a Vice-Chairman for such other matters as it deems appropriate.

(b) Consider any problems presented to it by the Governor, Commissioner of the Department of Education, or any member of the Committee or the Director of the Office of Training and Habilitation (for the Mentally Retarded Offender or Delinquent).

(c) Familiarize its members with all the services applicable to the wards of the Office and request these services for said wards.

(d) The Departments represented shall be required to provide services as required by the Director of the Office. On failure to provide such services when requested to do so the Director shall report such failure to the

Governor and the Tennessee State Legislature.

(4) Official Linking Staff

The Division of Mental Retardation of the Department of Mental Health, the Department of Education, the Department of Correction, and the Department of Employment Security shall assign to the Office one professional staff member with appropriate secretarial assistance to act as official link between the Office and his respective department. The Office shall provide funds for the employment of personnel designated in this section.

The Department of Personnel should establish the positions set out in this subsection.

These persons should have adequate knowledge of the workings of their respective department and a knowledge of how to make requested services available to the Office.

Section 105 PROCEDURE FOR IMPLEMENTING PROGRAM

Within 90 days after the effective date of this act into law, the Office of Training and Habilitation (for the Mentally Retarded Offender or Delinquent) shall have developed a preliminary plan for a five-year pilot program for the correction, training habilitation and education of mentally retarded persons in this state who are public offenders or delinquents. The preliminary plan shall be completed and submitted to the State Board of Vocational Education and the Governor. The plan will include findings of fact, recommendations for administrative and legislative action, and proposed programs, and shall include the following components:

(1) Findings of facts regarding the nature and scope of problems

relating to delinquency and crime involving mentally retarded persons.

(2) The quality, extent and scope of services currently being provided or available for use for correction, habilitation, training and re-education of persons with mental retardation or associated learning disabilities who are public offenders, delinquents, or who, for other reasons, are in need of special habilitation, training, correction, and re-education.

(3) A description of the quality, extent and scope of services for those covered by this act proposed in the official plans of state agencies represented on the advisory committee and the law enforcement planning agency and all state plans prepared under the requirements of federal grants regulations that could include provisions for services and programs for those covered by this act.

(4) A description of short-range pilot programs and long-range programs proposed to be established by the Office for the correction, training, habilitation, and re-education of persons subject to this act and a description of how these programs will utilize existing public and private resources to the optimum extent.

(5) The recommended goals, objectives, implementation steps, and evaluation procedures for carrying the plan into effect.

(6) A description of a proposed evaluation process for the project that will include both internal and external program evaluation.

Section 106. AUTHORITY AND PROGRAM DEVELOPMENT.

(1) After consultation with the Coordinating Committee, the Director is authorized to contract with other governmental agencies, non-profit corporations, schools of higher learning, private corporations, and individuals for the development, operation or evaluation of all or any part of the programs authorized by this act; provided that no such contracts or commitments may be entered into committing the Office or the State for the expenditure of any funds beyond those available for such office by appropriation of the General Assembly, grants of Federal or other agencies, or other funds available to the Office. With the approval of the Advisory Committee, and in the manner authorized by law, the director may arrange for the development, operation, and evaluation of all or any part of the programs authorized by this act by other agencies of the State of Tennessee.

Section 106. INITIAL PILOT PROGRAMS.

(2) Subsequent to the passage of this act into law, the Office of Training, Habilitation and Re-Education shall establish the following programs for persons eligible for services under this act:

(a) A high-security residential program for males not exceeding a capacity of 16 persons. The residential program shall include programming for developing competence in daily living, interpersonal relations, work skills, social skills, self-help skills, and some academic skills. Provisions may be made for the program to include employment of recognized behavioral modification procedures, medical and psychiatric procedures, and related processes permitted by the Standards for Residential Facilities Serving Persons With Mental Retardation published by the Accreditation Council for

Facilities for the Mentally Retarded or permitted by the model rules and regulations on prisoners' rights and responsibilities prepared by the Center for Criminal Justice and may also include other procedures not permitted by these standards and model rules if they are expressly authorized by the director with the approval in writing of the advisory council.

(b) Three (3) group homes for juveniles

(c) Two (2) group homes for adults

(d) The number of wards in each group home is not to exceed twelve (12)

(e) With the approval of the coordinating committee, a special training program located in the community not to be conducted in the group homes for the education, training and development of wards. This special training program is to be provided to the ward only when no other services of these types are available.

The special training programs and each community residential program shall conform insofar as is practicable to the Standards for Community Agencies Serving Persons with Mental Retardation and Other Developmental Disabilities and the Standards for Residential Facilities Serving Persons With Mental Retardation, published by the Accreditation Council for the Facilities for the Mentally Retarded. They shall strive to conform to the normalization principle and the developmental model as articulated in Standards 1.1.1 and 1.1.1.1 of the Standards for Residential Facilities for the Mentally Retarded published by the Joint Commission on Accreditation of Hospitals.

Section 106. LIAISON COUNSELORS.

(3) The initial pilot programs, in addition to following the standards hereinbefore set out, will utilize a liaison function. Each ward will be assigned a liaison person. It will be the function of the liaison person to act as a link between the programs developed by the Office, and programs and individuals in the community important to the client.

Section 106. VOCATIONAL PLACEMENT.

(4) The Office shall maintain sufficient staff to develop adequate vocational placement for all wards of the program. The vocational placement staff shall locate in each community job needs and opportunities and shall determine from potential employers specific training requirements needed to assure that graduates of the program have the skills necessary to obtain employment. They shall also educate employers as to the availability and desirability of employing graduates of the program. The placement program may directly or by contract provide for the education of potential employers on how best to utilize graduates of the program and may arrange for master apprenticeship placement of program wards.

(5) With the approval of the Coordinating Committee, a special training program located in the community, not to be conducted in the group homes, for the education, training and development of wards of the Office. This special training service is to be provided when no other services are available.

The special training program and each community residential program shall conform insofar as is practiable to the Standards for Community Agencies Serving Persons With Mental Retardation and Other Developmental Disabilities and the Standards for Residential Facilities Serving Persons with Mental Retardation, published by the Accreditation Council for Facilities for the Mentally Retarded. They shall strive to conform to the normalization principle and the developmental model as articulated in Standards 1.1.1 and 1.1.1.1 of the Standards for Residential Facilities for the Mentally Retarded published by the Joint Commission on Accreditation of Hospitals.

SECTION 107. ELIGIBILITY FOR SERVICES.

The following persons are eligible to receive the services of the Office subject to the availability of space.

(1) Any mentally retarded offender or delinquent imprisoned on a sentence for a crime or offense, by agreement between the Department of Correction and the Office, may be transferred without court proceedings to the custody of the Office for examination as a possible exceptional offender, and if so diagnosed, may be detained in the programs of the Office for the duration of his sentence or any part thereof. The sentence of any person transferred to the Office under the provisions of this sub-section shall be subject to the same diminution for behavior, work and training as those said persons that remained in the custody of the Department of Correction.

(2) Any mentally retarded offender or delinquent in the custody of the Department of Correction, may by agreement between the Department of Correction and the Office, be transferred to the custody of the Office for evaluation, training, habilitation, correction and re-education for the duration of his sentence or any part thereof.

(3) Any mentally retarded person in the custody of the Tennessee Department of Mental Health under the authority of a commitment provided for in Section 33-501 (4), Tennessee Code, by agreement between the Tennessee Department of Mental Health and the Office, may be transferred to the custody of the Office for evaluation, training habilitation, correction and re-education.

(4) With the approval of the Director of the Office, any court of competent jurisdiction may commit to the office any person found eligible for commitment by that court under the provisions of Section 33-501 (4), Tennessee Code. No action under this sub-section shall in and of itself be a determination of incompetency of the individual to manage himself or his estate.

(5) At any stage of a court proceeding against any person charged with juvenile delinquency or with any criminal offense, it appears to the court that there is reason to believe that the person is mentally retarded, the court on its own motion or upon the motion of the District Attorney General or counsel for the defendant, the court may order the defendant or delinquent to be transported and delivered to the custody of the Office for the purpose of evaluation and report to the court concerning the following questions:

(a) Is the subject a mentally retarded person or person with associated learning disabilities,

(b) Is the person appropriate for the programs provided by the Office,

(c) Can the person remain in the program for training, habilitation, correction, and re-education.

(1) This shall be provided to the court within seventy-two (72) hours following arrival of the defendant or delinquent at the office.

(2) If it is determined by the Office in the preliminary evaluation that the defendant or delinquent is eligible to remain in the program for a complete evaluation, then

(3) Within 30 days after the person is received into the custody of the Office, the Office shall furnish to the court, the District Attorney General, and counsel for the defense a written report and recommendations including a request for an order that the person remain in the custody of the Office if in the opinion of the Director or his designated officer or agents this should be done.

Section 108. EXCLUSIVE CONTROL OF WARDS IN PROGRAMS OPERATED BY AND THROUGH THE OFFICE.

Admission to the programs of the Office is sufficient authority for the Director and officers and agents of the Office for the detention and keeping therein of the person admitted for the duration of his sentencing or until his probation is terminated. The Director may arrange for the trial placement of wards in the community if he is satisfied that the ward will be properly cared for in a place where the ward will find a congenial and wholesome moral atmosphere. From the time a mentally retarded person or person ~~with associated learning disabilities~~ is received in a program operated by or for the Office and during his stay in the program, he shall be under the exclusive care, custody and control of the Director and his officers and agents. In accordance with the authority of the Office, with the approval of the Coordinating Committee and the committing court, the Director may grant a discharge to any ward.

Section 109. EVALUATION OF WARDS.

A. Upon entrance into the program an evaluation, and assessment of need for each ward shall be made. Also, an individualized program of training, habilitation and education for the ward will be set out.

In addition, the Director is authorized to contract for each ward by recognized professionals to determine the specific needs of the ward and if necessary seek the following services.

(a) Education and training services.

(b) Dental services.

(c) Services related to sight and vision.

(d) Services related to nutrition.

(e) Services related to physical training and therapy.

(f) Other medical services.

(g) Psychological services.

(h) Services related to speech and hearing.

(i) Services related to recreation.

(j) Services related to counseling.

(k) Services related to vocational training and rehabilitation.

(l) Other services determined by the Director or his designated agent to be required or needed.

B. To the extent practicable, the Office may utilize the evaluation services provided by other governmental agencies or available from public agencies. Each governmental agency will cooperate as fully as possible in providing evaluation and other services to wards of the Office without charge. Unless required by law or regulation, no other governmental agency shall deny services to wards of the Office solely by virtue of the fact that such person is a ward of the Office.

C. Each ward will be assigned to a liaison counselor who shall coordinate all aspects of the ward's program and promote the cooperation of service agencies and organizations and individuals in the community involved in the ward's program.

D. The objective of each program shall be to enable each ward to live in optimally independent circumstances in a community setting.

E. In the case of a commitment by a court under the provisions of Section 107 (5), the evaluation for the purposes of responding to a court committing an individual pursuant to Section 107 (5) to this act may be a

preliminary evaluation performed by not less than two people designated by the Director. The preliminary evaluation and report to the court shall not be used as a substitute for the evaluation hereinabove set out for any person retained in the custody of the Office for programming.

Section 110. RECORDS RELATING TO WARDS.

(1) The Office shall cause to be recorded a description of every person committed to it or voluntarily entered upon its roles.

(2) Other governmental agencies are authorized to furnish to the Office information, except that expressly forbidden by law, which may aid in the evaluation, training, habilitation, correction, and re-education of any ward.

(3) The Office shall keep careful records on the educational experiences and progress of each ward while in the programs of the Office and shall make them available to public schools and other proper educational agencies for the benefit of the ward.

(4) The records herein provided, expressly authorized, shall not be made public but shall be accessible to any officer of any court having criminal jurisdiction in the State upon order of the judge of said court. The officer and agents of the Office may make available to appropriate persons and agencies information about the wards that will assist in the evaluation, training, habilitation, correction, and education of the ward, unless forbidden by law.

ATTACHMENT XI

SUMMARY OF SERVICES TO CHILDREN AND ADULTS

A review of 114 cases served by one County Agent revealed the following breakdown of services that were provided:

Evaluation services were provided for 28 children.

Admittance to school or location in the school program were provided for 25 children.

In 19 cases, parents denied to accept services that were recommended for their children.

Seventeen children had to go out of the community to find services that met their needs.

The mental health center provided services for 10 children.

The following services were provided:

Adult activity center and vocational training center, 7

Vocational rehabilitation, 6

Public health and crippled children, 6

Lions Club, 6

Help with income, 5

Transportation, 4

Speech, 3

Refused services, 3

Corrections, 2

Job secured, 3

Dental services, 1

Respite care, 2

The County Agents expressed greatest concern for those children whose parents denied services to their children.

TYPE OF HANDICAP	NUMBER OF HANDICAPPED CHILDREN SERVED BY AGE					
	AGES 0-2	AGES 3-5	AGES 6-9	AGES 10-12	AGES 13-18	AGES 19 AND OVER
TRAINABLE MENTALLY RETARDED		4	4	3	5	6
EDUCABLE MENTALLY RETARDED	3	5	7	3	14	5
SPECIFIC LEARNING DISABILITIES		2	2		2	
DEAF-BLIND	1		1			
DEAF/HARD OF HEARING			3	1	1	1
VISUALLY HANDICAPPED			1	5	3	1
SERIOUSLY EMOTIONALLY DISTURBED		3	1	4	4	
SPEECH IMPAIRED	1	4	4	2	1	1
OTHER HEALTH IMPAIRED	3	4	8		6	3
CRIPPLED					3	1
TOTAL	8	24	31	18	39	18
OF THE ABOVE TOTAL, GIVE THE NUMBER OF MULTIHANDICAPPED		3	5	1	3	18
TOTAL NUMBER OF CHILDREN TO RECEIVE DIAGNOSTIC AND EVALUATIVE SERVICES (including those from the above total)		6	16	3	11	4

SUMMARY OF SERVICES TO CHILDREN AND ADULTS

Mack B. Looney - County Agent for Children

SEPTEMBER 1973 - NOVEMBER 1975

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
1	13	m	Central Junior High	social worker	sight impairment	Assisted in establishing eligibility for medicaid. Referred parents to Department of Human Services which administers medicaid. Glasses were provided through medicaid.
2	4	m	none	interested citizen	suspected mentally retarded-speech	Referred parent to the Child Development Center for mentally and/or physically handicapped children. Accepted for enrollment in the Center.
3	15	f	none	teacher of special edu.	mentally retarded	Informed mother of the special education classes in public school. Child was enrolled in TMR class and provided special transportation by public schools.
4	17	m	Central High	teacher	learning disability	Referred mother and boy to Child Study Center at Peabody College - The Child Study Center staff provided an educational and psychological appraisal of the boy's problem. Child Study Center could provide the help needed but the boy could not attend the program due to transportation costs. Help is not available locally.
5	18	m	Shelbyville Mills	teacher	mentally retarded	Due to his age, the boy's behavior had become intolerable in TMR class in public school. Referred boy to the director of the Adult Activity Center for mentally retarded adults to which boy was admitted. Bizarre behavior has been corrected and boy's progress is very satisfactory.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
6	7	m	Wartrace	teacher	suspected mentally retarded	Referred mother and son to Clover Bottom Development Center for educational and psychological evaluation. Evaluation was done, and the boy was found to have a learning disability and not retarded. Recommendations were made for helping the boy overcome his disability in a resource class in public school
7	6	m	Community	social worker	deaf	The child was screened by the Bill Wilkerson Hearing and Speech Center. It was found that the boy was deaf. Applied and secured admission to the Tennessee School for the Deaf.
8	13	f	Shelbyville Mills	teacher	hearing impairment	Arranged for child to be screened at the Bill Wilkerson Hearing and Speech Center. The parents declined this opportunity. The child is enrolled in a resource class part of the day in public school.
9	12	m	Wartrace	teacher	suspected mentally retarded	The child was referred to the Department of Diagnostic and Evaluation Services at the Clover Bottom Development Center for an educational and psychological evaluation. The evaluation revealed that the child is mildly retarded. The child is enrolled in a resource class part of the day in public school.
10	25	m	none	Mental Health Center	retarded-needed employment	Accompained this man to an interview with the personnal director of one of the local industries. The man was hired and developed into a very satisfactory employee.
11	14	f	Central High	probation counselor	dental services	Arranged for free dental services through the local Department of Public Health. Necessary dental services were provided.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
12	19	m	none	social worker	deaf	Referred the parents and boy to the Department of Vocational Rehabilitation. Parents and boy failed to keep appointment. Declined further suggestions of help through the Tennessee School for the Deaf.
13	2	m	none	social worker	mentally retarded	Assisted the mother in securing the child's admission to the Child Development Center for mentally and/or physically handicapped children.
14	14	m	Community	teacher	emotionally disturbed	Reported the child to the attendance teacher in public schools - Referred the child to Mental Health Center, parents declined all suggestions for help.
15	1	f	none	social worker	congenital heart condition	Secured admission of child to the Child Development Center for mentally and/or physically handicapped children. Mother declined opportunity for enrollment.
16	9	m	Madison Street	teacher	mentally retarded	Secured professional help in training the mother and the teacher of special education in toilet and speech training.
17	12	m	Wartrace	teacher	suspected mentally retarded	Arranged appointment at the Department of Diagnostic and Evaluation Services at the Clover Bottom Development Center for the parents and boy. Parents failed to keep the appointment.
18	24	m	none	mother	severe brain damage (speech)	Secured the services of a speech teacher to go into the home for speech training.
19	13	m	none	social worker	mentally retarded	The boy had been excluded from school for four years due to retardation. Secured his admission to school with special transportation provided. Secured an educational, psychological and neurological examination at Clover Bottom. Assisted family in securing supplementary social income and food stamps.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
20	12	m	Eastside	minister	loss of eye (gunshot)	Referred the parents and boy to the Department of Vocational Rehabilitation Services for the Blind. Family moved out of the county before help could be provided.
21	3	f	Community Day Care Center	Director of Center	suspected mentally retarded	The child was evaluated by the Peabody College Testing team and diagnosed retarded. Secured her transfer from the Community Day Care Center to the Child Development Center for mentally and/or physically handicapped children Mother declined transfer.
22	8	m	Eastside	teacher	suspected mentally retarded	Scheduled educational and psychological evaluation at Department of Diagnostic and Evaluation Services, Clover Bottom Center. Services declined by mother.
23	3	m	none	social worker	speech	Secured admission to the Child Development Center where services of speech therapist were available.
24	9	m	Wheel	teacher	hearing	Hearing aid was provided by the family after the screening test by the Department of Public Health.
25	14	m	Community	teacher	Epileptic	Secured admission of the boy to the Epileptic Clinic at Vanderbilt Hospital.
26	4	f	none	social worker	congenital heart condition	Secured admission of child to the Child Development Center. The mother declined the child's admission.
27	10	m	Pleasant Grove	social worker	hearing	Referred mother to the Department of Public Health where Crippled Children Services were made available to child for a hearing aid.
28	2	f	none	neighbor	harmone deficiency	Secured Crippled Children Services for the child through the Department of Public Health.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
29	11	m	Madison Street	teacher	speech - mentally retarded	Secured professional help from Peabody College in toilet and speech training for the mother and teacher of special education.
30	8	f	Southside	mental health counselor	sight and suspected hearing	Had child screened at the Department of Public Health for hearing and sight problem. The child had no hearing problem. Referred child and mother to Ophthalmologist where child was fitted with glasses provided through medicaid.
31	5	m	Community Day Care Center	Director of Center	emotionally disturbed	The Peabody College testing team did an educational and psychological evaluation - father was referred to the local Mental Health Center for counseling.
32	14	m	Central High	counselor	financial assistance	Referred the boy to the Director of the Neighborhood Youth Corps who secured employment for the boy in the high school cafeteria.
33	9	f	Wartrace	teacher	suspected mentally retarded	The child was referred to the school Psychologist who tested the child. The child was placed in a resource class for part of the school day for remedial help.
34	31	m	none	neighbor	severe retardation	Secured two weeks respite care at Clover Bottom Development Center, where a complete educational, psychological, physical and neurological examination was made. This man was then referred and admitted to the Adult Activity Center for mentally retarded adults.
35	25	f	none	neighbor	severe retardation	Secured two weeks respite care at Clover Bottom where a complete educational, psychological, physical and neurological examination was made. Client deceased while at the Center.
36	14	f	Shelbyville Mills	teacher	sight	Applied to the Sight Conservation Committee of the Shelbyville Lions Club for sight screening. Glasses were provided by the club.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
37	19	f	Tennessee School for the Blind	attorney	blind	The girl withdrew from the Tennessee School for the Blind. Referred her to the Division of Vocational Rehabilitation, where she was evaluated and enrolled in the local Vocational Training Center.
38	3	f	none	parents	blind-deaf-mentally retarded	Secured assistance in transportation cost to the Experimental School at the Kennedy Center on the Peabody College campus. The child withdrew from the center and then admission to a preschool class for multiple handicapped was secured.
39	5	m	Bell Buckle	teacher	sight	Secured services of Ophthalmologist who determined child was blind in one eye and had 20/200 vision in the other. Recommended child to the Tennessee School for the Blind. His admission was approved but he could not be admitted due to the fact that his mother was not available to give her approval. The grandmother with whom the child lived did not have legal custody of the child.
40	10	m	Bell Buckle	teacher	sight	Referred child to Shelbyville Lions Club Sight Conservation Committee - sight screening was done and the child was referred to the Department of Human Services. Glasses were provided through medicaid.
41	17	m	Central High	teacher	emotionally disturbed	Counseled with the parents and the boy. Referred them to the local Mental Health Center for counseling. Suggestion declined. Arranged for the boy's admission to Central State Psychiatric Hospital. Parents declined admission.
43	5	m	none	grandparents	kindergarten training	Secured admission to kindergarten class in public schools.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
42	5	m	Wartrace	social worker	suspected mentally retarded	Referred mother to local Mental Health Center. The child was evaluated by the learning specialists who found the child to have an emotional problem. The family received counseling at Center. The child was placed in resource class for remedial help.
44	9	m	none	teacher	blind-deaf, mentally retarded, congenital heart condition	Secured admission to the Kennedy Center in Nashville for training of the blind-deaf child. Child became ill, his Pediatrician advised against his enrollment. Child deceased October 1975.
45	4	m	none	neighbor	Bright's Disease	Referred parents to the Department of Public Health for aid through Crippled Children's Services. Family income was too high to qualify for services. Services provided through their Pediatrician.
46	4	m	none	teacher	suspected mentally retarded	Referred child to Director of Child Development Center for mentally and/or physically handicapped children. The child was admitted for two years. Now enrolled in public school kindergarten.
47	16	m	none	teacher	mentally retarded juvenile delinquent	Secured employment for the boy when he was dismissed from Central State Psychiatric Hospital. Withdrew from his employment on third day. Secured enrollment in the Vocational Training Center. Withdrew on second day. Assisted in relocating family on farm where employment would be available. The boy was charged with breaking and entering and was returned to the Department of Corrections for six months. Released from corrections and is now on indefinite probation.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
48	8	f	Central Elementary	teacher	suspected mentally retarded-epileptic	Secured appointments for the child at the Clover Bottom Development Center and the Epileptic Center at Vanderbilt Hospital. The parents did not keep either appointment. Family moved to Rutherford County, case has been referred to the social worker in Mental Health in Rutherford County.
49	14	m	Shelbyville Mills	teacher	brain damage due to accident	Assisted family in applying for Supplementary Social Income from Social Security Administration. Referred family to Pediatric Neurologist in Nashville. The family declined the suggestion.
50	9	f	none	teacher	Cerebral Palsy	Secured glasses for child through local Lions Club. Secured admission of child to the Child Development Center for two years. Secured transfer of child to special education class in public school to which special transportation services were secured.
51	14	m	Bell Buckle	teacher	suspected mentally retarded	The three children are members of the same family. Secured educational and psychological evaluations for children at Clover Bottom Development Center. All children retarded. Children were placed in resource class for remedial help.
52	9	m				
53	7	f				
54	15	f	Madison Street	teacher	mentally retarded speech	Secured professional help in speech training from Peabody College Speech Team. The team came to the school for training the teacher of special education and parents.
55	16	m	Wartrace	neighbor	suspected mentally retarded	Secured evaluation through the Division of Vocational Rehabilitation, and the boy was admitted to the Vocational Training Center in Murfreesboro. Boy withdrew from the Center and refused to re-enter.
56	10	m	Eastside	mother	sight	These two children are from the same family. They were referred to the Lions Club Sight Conservation Committee. Both children were screened and fitted with glasses.
57	11	m				

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
58	17	m	Shelbyville Mills	teacher	mentally retarded	The boy was referred to the Division of Vocational Rehabilitation where he was evaluated and admitted to the Vocational Training Center. He is still enrolled after 18 months.
59	15	m	Shelbyville Mills	teacher	mentally retarded	The boy was inappropriately placed in a class for severely retarded children. He was re-evaluated and transferred to regular classroom and resource class for remedial help.
60	3	m	none	social worker	Epileptic	Secured enrollment for the child in the Child Development Center. The parents refused to enroll the child.
61	20	f	none	public health nurse	Wilson's Disease	Secured financial help for this girl from local civic clubs and a church to provide her drugs in the amount of $75/month. Secured transportation monthly to Vanderbilt Hospital for two years. Secured the assistance of a speech pathologist at the Bill Wilkerson Hearing and Speech Center in Nashville. Secured psychiatric services through the Multi-County Mental Health Center. Secured free legal services through local attorney.
62	15	f	Central High	guidance counselor	dental services	Secured financial help from the Business and Professional Women's Club and Jaycees to complete needed services.
63	7	m	Central Elementary	teacher	emotionally disturbed	The parents were referred to the school testing team of Mental Health Center. Referred to the center for family counseling.
64	7	m	Central Elementary	teacher	same	same
65	14	f	Shelbyville Mills	teacher	Cerebral Palsy	Arranged for aid through the local Department of Public Health for Crippled Children Services. Scheduled for surgery at Vanderbilt Hospital. Surgery delayed at mother's request.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
66	9	m	Central Elementary	teacher	learning dizability	Arranged for child's evaluation at the Peabody Child Study Center in Nashville. Parents declined the evaluation.
70	3	f	none	friend	mentally retarded	Secured admission of child to the Experimental school at the Kennedy Center in Nashville, The parents withdrew the child after six months due to transportation costs. Secured admission of child to the Child Development Center until child was four years old, at which time she was terminated. Secured admission of child to pre-school class in public school for multiple handicapped children.
68	16	m	none	public health nurse	Epileptic	Secured evaluation through the Division of Vocational Rehabilitation and admission to the Vocational Training Center.
69	46	f	none	friend	severe retardation	Secured admission to the Adult Activity Center for mentally retarded adults.
70	16	m	Shelbyville Mills	teacher	mentally retarded-emotionally disturbed	Secured evaluation for the boy at the Peabody Child Study Center. The staff recommended the boy's admission to Orange Grove Center for the retarded in Chattanooga. Accompained parents to Orange Grove for an inspection of the facility. The parents approved the facility. Accompained the parents and boy on a second visit to the Center, at which time the boy was re-evaluated. The boy was refused admission because his academic potential was too high. Applied to King's Daughters School for the Retarded in Columbia. The boy was refused admission because of his emotional problem. Applied for the boys admission to Central State Psychiatric Hospital. Central State would not accept the boy directly, but required counseling at the local Mental Health Center and a recommendation for admission from the local counselor. Mental Health Counselor recommended the boy's admission to the Program. Accepted but the expense of the program was prohibitive.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
71	14	m	Shelbyville Mills	teacher	mentally retarded	This boy was placed in a class for severely retarded children without an evaluation. Secured educational and psychological evaluation at Clover Bottom Development Center. His evaluation resulted in a diagnosis of mild retardation. Secured transfer of the boy to regular classroom with a resource teacher for remedial help. Secured parent trainer who came to the home weekly for a behavior modification program.
72	10	m	Central Elementary	principal	emotionally disturbed	Referred mother to Mental Health Center for counseling. Mother and son attended weekly counseling sessions. The boy's behavior is improved.
73	2	m	none	social worker	speech	Referred parents to the Child Development Center for admission. Family income was above guidelines set up by the Department of Human Services. His admission was not approved.
74	12	m	none	Director of Child Dev. Center	mentally retarded	Referred mother to public school supervisor for enrollment in special education class. Mother refused to enroll child in school.
75	6	m	Madison Street	Director of Child Dev. Center	mentally retarded-epileptic	Secured evaluation at Clover Bottom Development Center, where it was recommended that child enter special education class for severely retarded. Medication brought seizures under control. Secured parent trainer to come into home weekly with a behavior modification program.
76	3	m	none	public health nurse	brain damage due to drug overdose	Secured services of pediatric neurologist at Vanderbilt Hospital for child. Referred child to Child Development Center where he was admitted. Attended center for two years and then transferred to public school.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
77	9	m	Normandy	teacher	suspected mentally retarded	Secured educational and psychological evaluation at Clover Bottom Development Center. Child's diagnosis was severe retardation. Child transferred from regular classroom to class for trainable children.
78	6	f	none	teacher	severe retardation cerebral palsy	Referred child to Peabody testing team. Child recommended to go into trainable class for retarded. Child deceased before enrollment.
79	6	m	Central Elementary	teacher	emotionally disturbed	Referred parents to Mental Health Center. Parents declined suggestion.
80	9	f	none	teacher	severe retardation cerebral palsy	Referred child to Peabody testing team. Child recommended to go into trainable class for retarded where she enrolled for approximately three months. Parents withdrew child due to poor physical condition.
81	16	m	none	sister	crippled	Referred mother to the Department of Public Health for Crippled Children Services. Mother never kept appointment with public health nurse.
82	5	m	none	grandmother	kindergarten training	Arranged for child's admission to kindergarten in public school.
83	21	m	none	County Judge	severe retardation	Secured services of a parent trainer to come into the home weekly. Alcoholism on the part of the parents prevented an improvements in behavior modification.
84	4	m	Community Day Care Center	Director of Day Care Center	sight	Referred parents to Lions Club Sight Conservation Committee. Sight was screened and glasses provided by Lions Club.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
85	12	m	Bell Buckle	neighbor	emotionally disturbed	Referred mother to the Mental Health Center for counseling. Mother and son came to center for several sessions. Contacted father to request he come with mother and son. Father refused and the mother and son terminated their visits. No improvement in the child.
86	8	m	Community	father	hearing	Scheduled appointment with public health nurse for Crippled Children Services. Screening was done at the Hearing Center at Middle Tennessee State University. Hearing aid made available to the boy.
87	9	f	Community	father	sight	Referred child to Lions Club Sigh Conservation Committee. Sight screening was done and child provided glasses through local Lions Club.
88	3	m	none		suspected mentally retarded - epileptic	These children are from the same family. Arranged appointment at the Vanderbilt Hospital Epileptic Clinic through the public health nurse. Parents cancelled appointment. Moved to Rutherford County. The family has been referred to the social worker and public health department in Rutherford County.
89	9	m	Central Elem.	teacher		
90	14	f	" "			
91	16	m	none	teacher	brain damage due to gun shot wound	Secured services fo occupational therapist for improving the use of his hands. Referred family to the Division of Vocational Rehabilitation but this suggestion was declined.
92	4	m	none	teacher	suspected retarded	Referred mother to the Child Development Center. Suggestion declined but child was enrolled in a special program at Middle Tennessee State University.
93	16	f	Madison Street	teacher	epileptic-severe retardation	Secured 30 day respite care for the girl at Clover Bottom Development Center. A complete physical and neurological examination was made. Her drugs were adjusted to bring her seizures under control.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
94	13	f	Central Junior High	public health nurse	brain damage	Secured tutor who worked with the girl four hours weekly in the home. Secured instructor in assisting girl to learn to type on typewriter supplied by local Lions Club.
95	22	m	none	Director of Community Services for the retarded	severe retardation-Paraplegic-Spina bifida	Secured admission to Clover Bottom Development Center for six months for evaluation and behavior modification program.
96	19	f	homebound	public health nurse	Rheumatoid Arthritis	Secured admission to Vanderbilt Hospital through the Department of Public Health for Crippled Children Services. Secured admission to Vocational Training Center.
97	5	m	Community Day Care Center	Director of the Center	emotionally disturbed	Secured evaluation at the Peabody Child Development Center in Nashville. Transferred to public school and is enrolled in a resource class for remedial help for one hour daily.
98	8	f	Wheel	social worker	surgery for Clift Palate	Arranged appointment for the mother with the public health nurse who secured help through Crippled Children's Services in Nashville.
99	6	f	none	teacher	congenital heart condition	Arranged appointment for the mother to have child examined by a cardiologist from the State Department of Public Health. Surgery is to be done later.
100	5	f	Eastside	teacher	suspected mentally retarded	Secured admission to Clover Bottom Development Center for an educational and psychological evaluation. The child was diagnosed retarded. The child is enrolled in a resource class for remedial help.
101	3	m	none	social worker	suspected mentally retarded	Same family - secured admission for children to the Child Development Center for mentally and/or physically handicapped children.
102	1	m	none			

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
103	26	m	none	social worker	severe retardation	Secured admission of this man to the Vocational Training Center.
104	3	f	none	teacher	emotionally disturbed	Secured evaluation of the child at the Peabody Child Study Center in Nashville. The child was enrolled in the Child Development Center but withdrew after a few days.
105	15	m	Central Junior High	teacher	juvenile delinquent suspected retarded	At the mother's request the boy was committed to the Tennessee Department of Corrections because his behavior was uncontrolable in the home. He remained at the Spencer Center in Nashville for approximately one month. He was then returned to his home, entered school, and improved in his behavior.
106	6	m	none	social worker	severe retardation	Arranged for the child's enrollment in a class for severely retarded children. Secured an educational and psychological evaluation at Clover Bottom Development Center for the child. The child also received the necessary dental services at the Center. His is now enrolled in public school where he attends a class in special education.
107	1	m	none	neighbor	epileptic - brain damage	Secured the services of a pediatric neurologist at Vanderbilt Hospital through Crippled Children's Services. Secured admission of the child to the Experimental School at the Kennedy Center in Nashville. Secured transportation for the mother and child to the Kennedy Center. Child deceased in April, 1975.
108	6	m	Eastside	teacher	emotionally disturbed	Referred parents to the mental health school evaluation team. Referred parents to the Mental Health Center for counseling.

CASE NO.	AGE	SEX	SCHOOL ATTENDED	REFERRED BY	NEED AND/OR PROBLEM	REMARKS
109	13	f	Shelbyville Mills	teacher	mentally retarded	The child has developed a great dislike for school and wants to dropout. Her dislike for school has grown out of her fear of black people. Suggested conference between the child's teacher and mother, hopefully to relieve the child's anxiety and fear.
110	16	m	Central High	parents	learning disability Dyslexia	Conferred with the principal and guidance counselor. Suggested the boy withdraw from high school and enroll in the Vocational Training Center. The boy enrolled there but withdrew after one week. Conferred with the director of the center and agreeded to place boy in an on-the-job training program, if boy qualifies after a psychological evaluation.
111	11	m	Wartrace	parent	suspected mentally retarded	Referred mother to Clover Bottom Development Center for an educational and psychological evaluation. Social worker visited home and completed application. Appointment for evaluation is pending.
112	10	m	Wheel	mother	Epileptic - emotionally disturbed	Referred mother to Epileptic Clinic at Vanderbilt Hospital. Arranged with the public health nurse for the mother to apply for Crippled Children's Services. Referred mother to the supervisor of special education to make application for financial help thru public law 839 funds. The supervisor approved $500 for help for the child.
113	4	m	Community Day Care Center	director	speech	Referred mother to the health department for speech evaluation at Bill Wilkerson Center. Suggested Child Development Center where speech training is available by pathologist.
114	4	m	none	aunt	speech	Recommended enrollment in the Child Development Center, arranged appointment to make application. Enrollment is pending the outcome of the family's eligibility.

ATTACHMENT XII

Haywood Bill Was Vetoed

The bill passed by the state legislature, which would have set up a transportation service for Haywood Co. residents, who needed medical or special services available outside the county, has been vetoes by the Governor's office.

The bill sought to appropriate $12,500 for an experimental transportation service for those needing medical rehabilitation, training and educational services.

It is said that the reason for the veto was because such transportation agencies already exist.

Woodfin Lewis, Haywood County Agent for Children, is working on alternative avenues for the funding of the transportation services for the county. A proposal has been submitted for approval through the Developmental Disabilities Act. Mr. Lewis feels that this source of funding could prove successful, and that these much-needed services will soon be provided for Haywood County residents.

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ATTACHMENT XII (B)

AMENDMENT NO._____

_____

Signature of Sponsor

AMEND Senate No. 75 / House BILL No. 56 by

adding a new item to Section 52 to read as follows:

ITEM _____. There is hereby appropriated to Haywood County the sum of $12,500.00 to assist in the establishment of an experimental community area transportation service to provide transportation for children and adults requiring transportation for medical, rehabilitation, training, and educational services in and outside of Haywood County (especially including services available in Shelby County) and to finance a cost benefit report to be furnished to the General Assembly 10 days prior to its next regular session concerning said experimental program. This appropriation is subject to approval by the Commissioner of Finance and Administration and the Governor and the Commissioner of Finance and Administration shall not authorize expenditures under this appropriation until he is first satisfied that matching funds of at least $2,000.00 in cash and in kind contributions shall be provided by other sources and that arrangements for an evaluation and evaluation report have been made. The Commissioner of Finance and Administration shall further require evidence that the transportation services will receive the cooperation of the County School Board, the local office of the Tennessee Department of Public Welfare, and at least one voluntary health agency or civic organization. The funds herein appropriated may be used for the purchase of a bus, the employment of a driver and an aide. The County Court may designate the agency to receive the funds for operating the system provided that some other agency is involved in planning for evaluation and making the final evaluation report.

ATTACHMENT XIII

148 Bay Dr.
Hendersonville, Tennessee
Oct 12, 1975

OCT 14 197

Dear Dr. Dennis,

My involment as a volunteer in childrens services began only after talking to you.

In Aug 1972 an article appeared in the Nashville Tennessean describing a federally funded County Agents for Children: Citizen Advocacy Project. Dr. Floyd Dennis, Peabody College was listed as Project Director.

As the mother of a handicapped child I called you, hoping Sumner County had been selected as one of the counties for the advocacy project.

In response to my call you took time from a busy schedule to provide me with not only useful advice but the necessary names and phone numbers of those individuals at both a local and state level who might prove helpful.

As I contacted those individuals a plan began to grow. Representatives from the various state and local agencies

pledged to meet the many seperate needs of children, would meet together to attempt coordination of services and seek ways to meet the many unfilled needs of children. For at this time less than half of the handicapped children in Sumner County were recieving need services.

Our plan to meet together became a conference on Childrens Learning Disabilities, which was held in Sept. 1972, at Volunteer State Community College in Gallatin, Tennessee. Dr. James Moore, of the Human Resources Dept at Volunteer State and Mildred Thompson, Supervisor of Special Education for Middle Tennessee served as moderators.

From this meeting the Sumner County Advisory Council on Learning Disabilities was formed. Frank Bezine, Assistant Supt. of Schools was elected chairman. Dr. Burkett Nelson, currently President of the Tennessee Optometric Association served our second year as chairman, while I was secretary.

Under the sponsorship of the council the following projects were implemented:

1. A pilot class, designed by Dr. Bea Murray, at Volunteer State Community

College, was offered for parents of children with learning desorders. Our goal was to help parents meet the individual developmental needs of their children. Highly rewarding results were produced and the class is offered at regular intervals.

2. Provide Sumner County educators with an orientation to the expanded Special Education system in the Huntsville Alabama schools. Dr Earl Davis of the John F. Kennedy Chid Study Center at Peabody College, acting as liason, traveled with the council and guests to Huntsville in Nov. 1972.

3. Develop a screening test to use in kindergarten and first grade to aid in identifying children with specific learning needs. For this purpose Dr. Bea Murray conducted in service workshops for the teachers at Shafer Elementary School in Gallatin. The pilot screening was completed in May 1973.

The council held regular briefings with Gene Brown, Supt. of Schools for Sumner County. It was the councils recomendation that the position of Supervisor of Special Education no longer be combined with that of Primary Curriculum Supervisor.

In July 1973, Laura Davis, a member of the council, was appointed Supervisor of Special Education.

Many changes have occured during the past two years, the "Special Education Department" became a "Pupil Services Team". The staff and number of children being served has more than tripled. While we realize this growth was made possible direcly through the implementation of P.L. 839 we do feel our coordinate group has indirectly contributed to this expansion of services.

The area of human needs and childrens services does not easily lend itself to direct measurements.

However I did want to send a long overdue thank you; for the time you set aside for office visits, for advice via telephone; for your help, which, while it cannot be measured, was nevertheless, the starting point for what followed.

Sincerely yours,

Kathleen Anderson

HELP!

The 1975 guidelines from the Department of Education for implementing P.L. 839; Plan for Implementing a Comprehensive Student Evaluation Program, contains the following footnote on page 16,

"For students requiring special education services, the specialist is required to submit a signed statement certifying to the students handicapping condition. (TCA 49-2914)"

This footnote contradicts the entire multi-disciplinary guideline. It not only requires labeling children as a prerequisit for services but under this one sentence, specialist has been interupted to mean either School Psychological Services Worker or School Psychologist. They are both expensive and not available. Under this guideline an informed parent will be one who knows his child's label.

Is there anyway this sentence can be interupted as null and void?

Based on past experience I accept your opinions as operating truths and would appreciate any comments, information etc.

Thank you again.

156 Kathleen Anderson

work phone: Henderson [illegible]

ATTACHMENT XIV

WHAT I LEARNED AS A COUNTY AGENT

Some families did not seek help or guidance for their child, whether a 16-year old slow learner who left school and was sitting at home, or a 7-year old child who had never entered school but attended church. These families denied their need for help.

Other parents searched for a suitable program, had several frustrating rejections or delays,and then panicked. A County Agent can support the parents in making their inquiries for help. Parents having difficulty can be linked to other parents with similar problems.

I found it helpful to attend hearings with the parents and raise questions about decisions when it was appropriate.

Parents quite often overestimate the level of a child's performance. A parent gives a child credit for stringing beads when the parent is actually doing it.

When local officials learn the scope of special education, the valuable resource of the school becomes available for the officials and the family. The County Agent is a valuable resource in linking the parents with other resources in the community.

Most agency personnel are primarily limited to using the skills and resources at their disposal to help children and families. They welcomed knowledge of additional programs and services in the community or in their area of the state. Follow-up work helped complete some of the tasks which had a good beginning. For example, a person enrolled in a vocational center was kept in the program by working with a social worker to provide wardrobe needs.

Confidentiality becomes less of a problem when other professionals come to trust the County Agent. They will share data about children's needs if it will help that child get services. It may take a while for the professionals to trust

you and to know that you are serious and have the ability to deliver services.

Effectively assessing available services in the region is important. If the Agent knows what services are actually being delivered, he can make more appropriate referrals. When the Agent accompanies a parent who is seeking services, he has opportunity to observe how people are handled, their needs recognized, and the staff's ability to communicate in understandable words what the child's strengths and weaknesses are.

Various people within the systems are more open and have more time to offer individual services to parents. The Agent is a facilitator who helps children find services from institutions, agencies, parents, or any other resource available in the community. County Agents are interested in getting realistic feedback from those they serve and from the services rendered by Agents and volunteers in the community.

There is no substitute for tenure. A long-time resident or Agent in the community earns respect and repute by persistence and thoroughness. It may take a year and a half or two years or even longer to get some people to trust you, particularly if you are an outsider coming into the community.

One of my frustrations as a County Agent was the failure to secure help from the central office when I needed it. I take responsibility for not defining clearly my needs and calling for help until I received it. I particularly needed help in getting a local policy board initiated.

I learned that agency personnel do not usually make policy or challenge it. They fear being fired. If an employee gave me information but did not feel free to Xerox the material, I would take the papers and Xerox them and bring them back. The Agent has to carry the ball and not get other people into dangerous positions.

For me, it was important to be aware of my own prejudices so that I saw what was actually happening rather than what I wanted to see.

I believe it is very important not to expose problems of other people, even to secure emotional support. This slip in confidentiality may cut off people from sharing vital information with you.

I believe that turning to big churches as well as little churches in the community would have secured more support. I provided church members with information and encouraged them to make presentations to their own church groups. This seemed effective. The training that I was given as a County Agent was very valuable. I would like to have had more. I also had to learn to live by my own wits.

WHAT I LEARNED AS A COUNTY AGENT (CONTINUED)

BEDFORD COUNTY AGENT'S OBSERVATIONS

The County Agent for Children Program was begun in Bedford County in December, 1972. Upon the resignation of the first agent in August 1973, the present County Agent for Children began work in September 1973 and has worked a period of twenty-six months.

Bedford County is a rural county with a population of approximately 24,000 people; one-half of whom reside in Shelbyville, the County Seat. In recent years the county has shown some population and economic growth, but rural and urban poverty is prevalent in some areas. The county has experienced an unemployment rate of approximately 15% for the last two years. This condition immediately created some serious economic and social problems.

In retrospect, it is the opinion of the County Agent, the program, as a whole, has been reasonably successful. It is felt that the successes outweigh the failures encountered. The degree of success of the program seems to be in direct proportion to the agent's knowledge and ability to follow the procedures for the implementation of the County Agent for Children Program as outlined by the Director in his original description of the project.

It is felt that in the beginning, the agent entered the program without a thorough knowledge of the Citizen Advocacy concept. It is the agent's opinion that a short, intensive in-service training program would have been most valuable prior to the agent's entry on the job. After a short period of confusion and frustration on the part of the agent, the central office did provide the necessary training and assistance in developing the program. There has been continued improvement in this direction to the extent of correcting any deficiencies on the part of the staff in the central office in providing help to the agents in the field.

Due to the agent's misconception in the beginning, he immediately began to concentrate on the individual needs of children, which resulted in a very heavy individual case load. Direct services to children were over-emphasised, and once this mistake was made, it was difficult to correct. Improvement has been made however.

Another weakness of the agent and his plans or procedures was the failure in the earlier days of employment to properly publicize the work of the County Agent. The public was slow to become aware of the program. A public awarness campaign should have begun much earlier. The use of the local radio stations, newspaper, brochures, and public speaking engagements should have been utilized more and earlier than was the case.

The age of the agent upon entry on the job and past work experience no doubt contributed to his properly fulfilling the role of County Agent for Children. With 40 years of work experience; 22 years in public school teaching and 18 years as a professional in industry, it was difficult for him to properly adjust and orient himself in a totally new field of endeavor. No one can fully realize the challenge as acutely as the agent himself.

One failure that stands out in the agent's mind, was that of conveying to the average layman the true concept of Citizens Advocacy. The mere mention of the words "Citizens Advocacy" seemed to generate apprehension and fear on the part of the individual concerned. How to overcome this attitude and reaction of people is still unknown. No doubt this is one of the failures on the part of the agent.

Now let's take a look at the procedures and conditions which contributed to the positive aspects of the program.

The County Agent had resided in Bedford County for 23 years at the time he was employed. With his experience in a local public school and work in industry, he was very well known to a large number of people in the county. Among these were leaders in county and city government, public school personnel, representatives from the tax supported and voluntary health and welfare agencies, ministers, law enforcement officers, juvenile judge, probation counselors, employment security personnel, the directors of community service

programs for handicapped available in the county and many community leaders.

The fact that the agent was familiar with these persons was a tremendous advantage. One of his suggestions would be to employ a local, well-known person in the position of County Agent.

One of the first steps in acquainting the community with the program was to personally call on the staff of all the social service agencies in the county, leaders in county and city government, public schools, ministers, civic club leaders, probation counselors, employment personnel, community service programs for the handicapped, and community leaders in general.

Following these contacts a request was made to the above agencies and leaders to organize a Community Council. In December 1973 the Community Council was organized composed of representatives of 18 agencies and/or leaders in various roles in the county. The council has met monthly since its organization and has served as a clearing house for all involved.

The Community Council proved to be a most valuable source of help in securing referrals as related to children's individual and group needs; in providing resources in meeting these needs; in coordinating the efforts of agencies; in gaining information about each agency's program; in improving the quality of service and developing public understanding.

The Community Council seems to be well established in the community, and it is believed that it will continue to function as in the past two years.

The public schools no doubt touch the lives of more children than any other agency, therefore it was the agent's purpose and plan to work cooperatively with all public school personnel. He found a very early acceptance for his program and help by the supervisory personnel. The time of the agent's entry to the role of County Agent for Children paralleled the beginning of the implementation of mandatory education for all handicapped children in public schools.

A survey of exceptional children enrolled in the public schools had been made in the Spring of 1973. These data lay dormant in a supervisor's file. A summary of the survey of suspected exceptional children was made by the agent and his assistant. Children were catergorized into thirteen areas of exceptionality. These data pointed up the urgent need for plans and procedures for the implementation of the mandatory education act. For the last two years the agent has spent some time and effort almost daily in seeing that appropriate educational services were provided the exceptional children in the county. The local schools have come a long way toward appropriate services for children. Much remains to be done, but the County Agent has servied as a catalyst (sometimes with dislike on the part of school personnel) to move the system forward in its goal to provide an appropriate education to all children.

In order to assist the school personnel in implementing appropriate educational services, it became necessary for the County agent to locate and develop resources which they could use. Numerous times this required help from resources outside the county. To cite examples, the agent was able to secure an educational and psychological testing team, a speech evaluation team, professional help in toilet training severely retarded children and enrollment of multiple handicapped children in special education at the Kennedy Center. These were available to the public schools through George Peabody College in Nashville. Many other examples could be named, including diagnostic and evaluation services at Clover Bottom Development Center, hearing and speech pathology at the Bill Wilkerson Center, services to epileptic children at the Vanderbilt Epileptic Clinic, and Central State Psychiatric Hospital, all of which are in Nashville.

The agent also served as a liaison between school personnel and parents of exceptional children to upgrade services to children individually and collectively. This stance proved to be effective, however sometimes unpleasant.

It is the opinion of the County Agent that the greatest contribution made was in the area of public education and the exceptional children in the county.

Two community service programs for handicapped persons were developed and/or expanded largely under the leadership of the County Agent. These are the Child Development Center

for mentally and/or physically handicapped children and the Adult Activity Center for mentally retarded adults. A Group Home for mentally retarded adults is well on its way toward reality.

One of the failures, which should have been mentioned earlier, was the Advisory Board which was initially appointed in the beginning of the program. The Board was composed of elected county officials altogether. These persons were entirely too busy to give time and effort to the program. A Board composed of representative professional people and community leaders proved to be much more helpful.

The County Agent for Children concept is thought to be very practical and has and can continue to bridge the gap between children's needs and the resources to fulfil these needs. It is felt that the title of the position should be changed to County Agent for Families. Since so many children's needs and problems are an outgrowth of family problems. Sometimes a family need must be first met before the child's need can be considered.

The position could well be a part of a local school system with the agent serving in the capacity of a school social worker. The important consideration for the person in this position is to first and foremost remember that he/she is an advocate for children.

ATTACHMENT XV

The following charts are selected from reports from County Agents in 1973. They report a part of the contact which the individual County Agents had during one quarter. In Bedford County, the Agent reported 54 contacts; in Haywood County, 80; and in Wilson County, 52. These are the number of agencies contacted, not the total number of contacts made. For this period, Haywood County reported 452 total contacts, Bedford 124, and Wilson 173. In the face of the vast difference in the number of contacts by the different County Agents, we raised a question about how much of a relationship the Agent was able to establish with the individuals and agencies contacted.

CONTACT METHODS

a. Interview County Agent - Org. Staff Member

b. Interview County Agent-Org. Board - Officers, Governing Body

c. Interview, County Agent-General Membership

d. Observing Program in Operation

e. County Agent Working With Consumers

f. Representatives Meeting With Policy Board

g. Policy Board Members Contacting Org. Reps.

h. Contacts Through Volunteers

i. Project Staff or Board Assiting Org. to Perform a Task

j. Formal Speeches Before the Org.

k. Other

l. Share Information or In-Service Correspondence, In-Service Training

	Times Contacted	To Obtain Info. On Services	Contact Method	To Give Info.	To Give Assistance	To Obtain Services Or Funds	To Change Administration Policy Or Law	Joint Task
1. Legislative								
a) Sen. Finance Committee	5	x	a, b	x	x	x	x	x
b) Child Abuse Committee	7	x	a, b	x	x	x	x	x
c) House Finance Committee	8	x	a, b	x	x	x	x	x
d) Individual Legislators	7		a, b	x	x	x	x	x
2. Tennessee Dept. of Mental Health								
a) Children & Youth	6	x	a	x	x	x	x	x
b) DDSA	6	x	a	x	x	x	x	x
c) Mental Retardation	9	x	a	x	x	x	x	x
d) Clover Bottom Dev. Center	8		a	x	x	x		x
e) Arlington Dev. Center	4		a	x	x	x		x
3. Tenn. Dept. of Education								
a) Special Ed.	6	x	a	x	x	x		
b) ESEA	2	x	a	x				
c) Div. Voc. Rehab.	4	x	a	x	x			
4. Tenn. Dept. of Public Health								
a) Family & Child Services	10	x	a, b	x	x	x		x
b) Crippled Children	2	x	a					
5. Tenn. Dept. of Public Welfare	9	x	a, b	x	x	x	x	x
6. Community Services Assoc. of Tennessee	30		a, b, e, i, k	x	x	x	x	x
7. Mur-Ci Home Task Force	8	x	I	x	x	x	x	x
8. Tenn. Assoc. for Retarded Children and Adults	4		c	x	x		x	
9. Pres. Committee on M.R.	2	x	a				x	x
10. Child Advocacy Consortium	7	x	a, i, j	x	x			x
11. Regional Child Development Program, Pikeville	3		a	x	x	x		x

(Bedford County)

AGENCY CONTACTED	Times Contacted	Contact Method	To Obtain Information on Services Now Available	To Obtain Information on Potential Services	To Obtain Information on Those Currently Receiving Services	To Obtain Information on Children Needing Services Such as Provided By This Organization (we provide)	To Obtain Information on Children Needing Services Other Than Provided By This Organization	Joint Task Performance
1. National Youth Camp	2	B	X	X	X	X	X	
2. Headstart	1	A	X	X	X	X	X	
3. Neighborhood Youth corp.	1	A	X	X	X	X	X	
4. Wilson County Welfare Department	3	A,B	X	X	X	X	X	
5. Wilson County Vocational Center	8	A,D	X	X	X	X	X	X
6. Wilson County Mental Health Center	4	A,B	X	X	X	X	X	

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Agency Contacted	Times Contacted	To obtain info on services available	Contact Method	To obtain info on potential services	To obtain info on those currently receiving ser.	To obtain info on children needing serv. provided by this organization	To obtain info on children needing services other than provided by this org.	Joint Task Performance
nn. Dept. of Education	3	x	a,b,e	x	x	x	x	x
ywood Co. Dept. of ucation	30	x	a,b,c,d,e f,g,h,i, j	x	x	x	x	x
gional extension agent, pt. of Agriculture	1	x	a,b	x	x	x		
ywood Co. extension ent, Dept. of Agric.	3	x	a,b	x	x	x		
nn. Commission on ildren & Youth	2	x	a,b,f,g, c	x	x	x	x	
ywood Co. Judge	10	x	a,b,c,d, e,f,g,h, i	x	x	x	x	x
st Tenn. Republican rty	3		a,b,c,e, f,g	x				x
nn. State Legislature	15	x	a,b,c,e, f,g	x			x	x
ate Representative Haywood Co.	10	x	a,b,c,e, f,g	x			x	x
pt. of Mental Health	3	x	a,b,d,e, i	x	x	x	x	x

ILSON COUNTY)

S ACTED	AGENCY CONTACTED	CONTACT METHOD	TO OBTAIN SERVICES IN COMMUNITY NOW AVAILABLE	TO OBTAIN INFO ON POTENTIAL SERVICES	TO OBTAIN INFO ON THOSE WHO CURRENTLY RECIEVE SERVICES	TO OBTAIN INFO ON CHILDREN NEEDING SERVICES SUCH AS WE PROVIDE	TO OBTAIN INFO ON CHILDREN NEEDING SERVICES OTHER THAN PROVIDED BY THIS ORGAN.	JOINT TASK PERFORMANCE
1	Amer. Legion Post	B	X					
1	Amer. Red Cross	B	X		X	X	X	X
15	Bedford Cty Ed.System	A	X		X	X	X	X
6	Bedford Cty H. D.	B	X	X	X	X	X	X
2	Child Consultant Center	A D	X	X	X	X	X	
7	Child Development Center	A D	X	X	X	X	X	X
2	Civitans Club	B C	X	X	X	X	X	
6	County Court	A	X	X	X	X		
1	Eastern Star #248	C	X					
3	Jaycees	B C	X		X	X	X	
1	Jaycettes	B	X		X	X	X	
8	Lions Club	B C	X	X	X	X		X
2	Masonic Lodge #122	B	X	X				
2	Optimist Club	B	X	X				
1	Quarterback Club	B	X	X				
1	Rainbow Girls	C	X					
2	Rotary Club	B	X	X	X	X		
1	Scottish Rite Club	B	X	X	X	X		
2	Senior Citizens	B D	X					
1	Shelbyville Hair-dressers Assoc.	B	X	X				
1	Shelbyville Women's Club	B	X					
1	Shriners	B	X	X	X	X		
9	Tenn. Area Voc. Tech. Center	B D	X	X	X	X	X	
4	Tenn. Voc. Training Center	B D	X	X	X	X	X	

ATTACHMENT XVI

REPORT ON A VISIT TO WILSON COUNTY OFFICE OF COUNTY AGENT FOR CHILDREN, RON HENNESSEE, IN LEBANON, TENNESSEE, JULY 24, 1973.

Our first discussion was on the subject of a child who could not receive services because the Watertown area did not have classes available for a low level child. The proper service was furnished in Lebanon, but since the area is confused and subjected to a good deal of ineffeciency by having three school systems, the Watertown child was not considered eligible for the Lebanon City System. My suggestion to Ron was that he get together those people responsible for special education in each of the three systems: Lebanon, Wilson County, and Watertown, and that the meeting be held with influential consumers and interested power people so that those from the school system would feel continually responsible. The goal of such a meeting would be setting up an inter-school system cooperative agreement to provide services for children for the whole county where no one system had enough children to require such a class. In the process of discussing this, we went in to see an old friend of mine, Tex Maddox, who fortuitously is Mayor of Lebanon. Tex is also one of the policy board members for the County Agents for Children Project, and by this time it was apparent to me that neither he nor the other members of the policy board had been overworked. When we talked with him, he explained the rationale for the three systems and indicated that it was not a good system and that with some work it could probably be changed. I requested that he and Ron work together, particularly on this, since he seemed to be the status figure who might be able to push through a cooperative project. He promised to get in touch with Ron within the next week.

Relative to the use of Tex Maddox and others like him on the policy board, it should be recorded that there is probably no more basic assurance of activity from such a board than having regular meetings. I suggested that meetings be held monthly on the same day and at the same time each month. If the policy board

members are exceptionally busy people, this is still no reason not to expect them to attend and to be active. Breakfast meetings beginning at 7:30 are not unknown, and have been found to be successful in many communities. Oddly, the work done at such meetings seems to speed up at an early morning hour. Men are eager to get to work, and, parenthetically, women, too, if you have them on the policy board, and to get to their offices by 9:00 o'clock. I recommend it as an efficient gimmick.

A concomitant device for making sure that policy board members are active is to assign them work. It seems reasonable that if they have accepted the position, they will try to fulfill the role. There seem to be plenty of problems to divide up and spread around. For example, the task force on a plan for case-finding might be one. Another task force with perhaps three or four members on it could look into the school and special education problems mentioned above.

In any event, I think it absolutely essential that each member have an assignment, that the meetings follow an agenda written up by Ron. The meetings' agenda, however, should not hit the members cold. Before each meeting, Ron should see the members individually, though I know this would demand a great deal of work in the beginning. He should speak personally and at some length with each person about the problems and zero in with each one on the problem to which that person has been assigned on the task force. Then I believe he will find that when they have the meetings and are asked for reports on how far each task force has gone (naturally, each one will know that they will be expected to make a report), he will find that they will have done much more work than if they are simply sitting there expected to give advice on the basis of an-off-of-the-top-of-their-head approach.

His personal involvement will probably demand decreasing eyeball to eyeball meetings, and more telephone checking as time goes on and as they feel they know

him and know the problems. In the meetings, also, task force reports will take up the time and put the responsibility on the policy board members, with Ron keeping control by having formulated the agenda and set a great deal of policy by his having met individually with the members. This, then, makes the total project the baby of the policy board members and is most likely to assure their continued interest and even dedication. These suggestions, by the way, are not meant to be underhanded in any way. They are simply proven methods of guaranteeing the performance of people who have already indicated that they wish to help.

Ron and I discussed civic clubs in the city, and he said he had had invitations to join. I heartily recommended that he do this, both for his own pleasure and to broaden as well the opportunities it offered for him to educate and involve the Wilson County population. To allay one possible fear, I expressed the firm opinion, based on a lot of experience, that membership in one club does not eliminate the potential for interest of other clubs in one's project. On the contrary, it presents the chance for a power play of cooperation from all clubs.

On the evening of my visit, a Lions' Club member was going to ask his club for some help in providing transporation for Richie, a nine-year old deaf child who needed to get in to Peabody daily. Since Ron had not as yet seen the child and since I felt that one is at a disadvantage in presenting a case without knowing, personally, all the details which might be questioned, I proposed that we seek the child out. We found him, as Ron had known he would be, in a child day care center which resembled a bucket of worms, having about -- they were uncountable -- at least 40 children of every age, running out of an average-sized house with a rather larger than average-sized back yard, under the care of one adult. Richie was called in, but after a few words with him, he appeared to be threatened by

our presence, and he retreated into the furthest corner of a jerry-built playhouse. He is a sturdy, beautiful, alert nine-year old, who was happily scribbling on a blackboard when we appeared. Anyone seeing him would have to be forever after committed to making sure that he received the proper services to enable him to reach his optimal level of functioning.

Later we saw an OEO day care center with many fewer children, eleven to be exact, but which ironically had just been visited by some governmental authorities to check on the square footage for each child. The space allotted in the OEO Center was downright spacious compared to the one in the private facility. I should like to know if the private one was similarly visited. My guess is that it was not. This is not a critical comment of that private facility, for the children seemed to be happy and busy and safe.

Jumping back to organizational connections, case finding might be improved by having someone speak to the County Medical Society. Since doctors are by nature godlike critters who have little time for people on what they consider to be a lower level, this is one case where I would suggest that Ron make the proper overtures to schedule Dr. Dennis as a speaker for the County Medical Society. In all other situations that I can think of, Ron should be doing the speaking himself, making it clear that he is in the community and a part of the community. Only in a very few cases, such as with medical doctors, does one have to pull status as a convincing factor.

After that parenthetical thought, let's get back to the OEO center where the director struck me as an unusually compassionate and humane person. She spoke with Ron about a case he had brought up -- a C.P. child who lived in that neighborhood, but whose working mother took it to her mother on the other side of town for day care. The child is six years old and unable to sit.

Nevertheless, the OEO lady expressed a curiosity about whether she might be able to take it into her service where I saw no other assistant for child care. The additional burden of a non-ambulatory child, then, would have been considerable, but this did not seem to deter her offer. Ron and I discussed the possibilities of suggesting the purchase of service from such a day care center, on the basis of the mandatory education act. Whether or not such funds could be used in conjunction with a federally-funded project would be something to investigate.

In pursuit of facts on a child, also a C.P. child, Ron and I went to see the family's welfare caseworker. This is the Earl Hancock family where Ron had observed children fighting rather desperately over a small amount of food and felt that the family's obtaining food stamps might help. He had had the impression that perhaps some report about the family had been declared as earning too much money to qualify for food stamps. Action based on conjecture or hearsay in these cases sometimes puts one in an embarrassing postion of helping in the wrong direction, so we approached the welfare caseworker for facts. She was pleasantly cooperative and amazingly aware of all the people, problems and potentials. She said that she and another worker had repetitively urged the man in the family to apply for food stamps. Together we suggested that Ron's approach to the man, providing that the man's income put him in the strata for receiving food stamps, might be more convincing than the approach of females. The welfare worker did not know Mr. Hancock's income, but she did know that some of the children Ron had observed were not from the Hancock family, which is one of four children, including the three-year old C.P. who is due to be seen every three months, indeed has been seen every three months, at Vanderbilt.

This particular case led to a discussion of administrative procedures within the office of the County Agent for Children Project. That is why for many reasons

it would be a good idea to keep a three-way file every day. The first file should be on three by five cards with the name of the child and full information on the problems involved including dates of connections made with agencies, visits to parents and family and schools, as well as other pertinent information which might have more relevancy later. A second file should be one based on geographic areas. In this one, if, for instance, a community leader from one area wants to know what children have been concerned with the project, Ron could quickly show him the full caseload from a given subdivision of the county. The third file should be on handicaps. This one, of course, would be most useful when the official or interested person inquired about the numbers needing a given service. Only the information on the first file need be complete. The others would be cross-indexed from it and from each other. Every call, every visit, every discussion about, even every report about -- including those of hearsay -- should be noted on the first file. Dating each item is important to the point of committing mortal sin if you don't.

The additional organizational device which makes this file system completely workable is a tickler system. Colored tabs attached to the tops of the cards could be coded to alert the county agent to check any number of factors at given times. One example might be the C.P. child who goes to Vanderbilt quarterly. A six months check to make sure that this is being done and to help the family assess the next step would be one way of using the tickler system as a reminder.

We talked about indigenous referral people in communities. Black pharmacists, or pharmacists in any area for that matter, are used as resource people, especially by the lower socio-economic populations. Lebanon has no black pharmacist, but Ron said that there was a grocery store-filling station combination which served this purpose. We went to see it. The name of the store owner is Wharton.

Mr. and Mrs. Wharton were particularly interested in what Ron did and asked some

questions of him after he explained that he was looking for children who needed services. He said there was one six-year old child, white, who comes in every Saturday night with defective speech, whom they judged to be handicapped. While they could not remember the family's name, they offered to find out what the family's name was and get in touch with Ron, who left his card with them and who told them he would check back with them later. They struck us as exactly the kind of intelligent people who would be excellent and continuing resource people in casefinding.

When county agents approach people to explain the project, it is my strong suggestion that they do not use the term advocacy until a firm base is established, with some understanding of two things. First, the person approached must understand that the agent is a part of the community and not simply a temporary adjunct of the community permanently attached to Peabody. I sensed a rejection of the out-of-town dogooder concept.

Second, the person or people approached must understand that the agent's first interest is in finding children who need services. If they think that they are being approached to be an advocate immediately, they are scared and/or confused and tend to run.

This is not to say that the advocacy will not come eventually from these people. It simply means that people are frightened of new ideas and are not eager to volunteer immediately for something which they don't understand, so the approach must be incremental and the request for help must be in minimal and easily attained steps.

Finally, and in summary, I should like to say that I was tremendously impressed by Ron Hennessee's activities so far. He seems discouraged, but that is the result, I believe, of his being so very eager to do a good job, and his not having learned that these are hardly quantifiable goals.

The areas in which he is weakest are in those in which he can be taught. These are in the techniques of administration and record keeping, implementation, and in the community interfacing. With supervisory tutoring and checking, he will in time learn these skills.

Where his strong points lie is in the attributes which cannot be taught, that is in the genuine concern he has for the children who are his responsibility and in the bulldog tenacity and singleness of purpose he demonstrated in ferreting out facts, not being willing to accept without question the reports of others who might not have been as interested as he.

The make-or-break factor in the County Agents for Children Project will certainly be the man or woman in the job. Progress does not come quickly, nor even very obviously in this kind of work.

It was a privilege to have a day to observe in an innovative frontier program which must succeed and be replicated across the country. Being an ombudsman is a difficult task, but being an ombudsman for people who cannot recognize nor vocalize the evils of neglect perpetrated against them, must be the most demanding yet highest calling.

Dolores Norley

ATTACHMENT XVII

THE KEYSORT CODE SYSTEM

The Keysort Code System was used to identify persons in the community with certain interests and skills that could be used to meet the instrumental and expressive needs of children. The concept of citizen advocacy gains a great deal of its strength from the idea that when members of the KISS or ITS cannot adapt to meet the needs of children, then other persons with special ability to "fit" can be utilized to meet those needs and thus assist the child and take some of the pressure off of the family or school. A copy Keysort Card is attached and indicates the type of demographic data that was used in effecting the "fit."

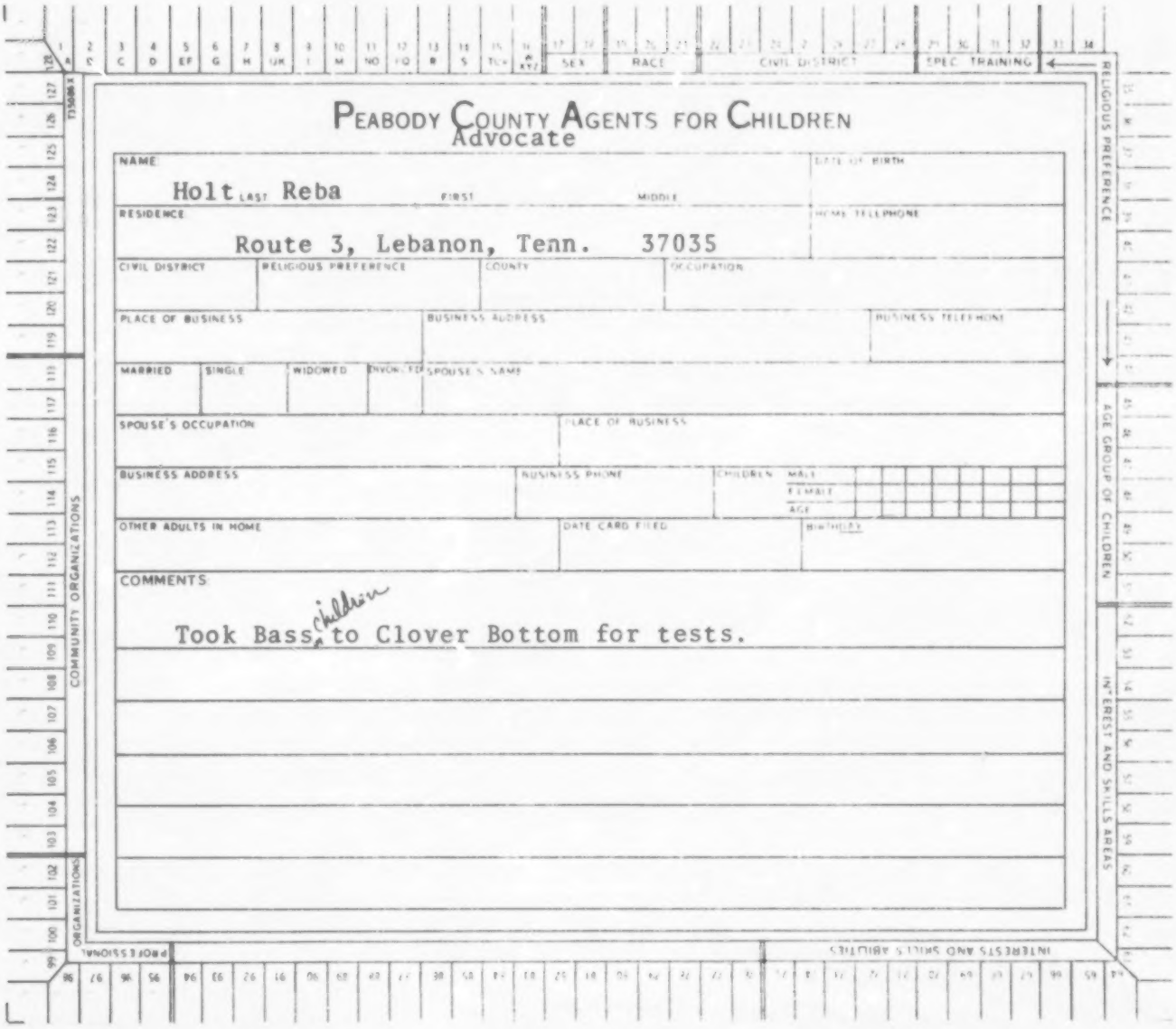
A number system was used to indicate the last name, the sex, the race, the civil district, special training, religious preference, age group of children, interests and skill areas, interests and skill abilities, volunteer activity, professional organizations, and community organizations. When a County Agent desired to find someone with a particular set of skills and background, he used a Keysort which successively broke the cards into smaller and smaller groups until only those with all of the necessary qualifications were identified.

The Keysort System was a good idea for a longitudinal program that allowed time for extensive development of the cards. The system requires refinement over a period of experience with the volunteers to determine more precisely what their ability is. For example, a person who lists as a volunteer activity "teaching" does not give enough data about their competency as a teacher. Special training which indicates "managerial" does not give enough information about the person's competence and style

as a manager.

The County Agents did spend extensive time setting up the Keysort System. However, the system was aimed at the utilization of volunteer advocates. In addition to the limitations of the system in a brief project such as the County Agents for Children, the system was not so useful because, as indicated in this report, citizen advocates were not used extensively. Many of the needs which came to the attention of the Agents required crisis intervention with agencies in the community, such as the welfare or the school. Though we feel that in time citizen advocates could be trained to provide this link with agencies and schools, in a short-term project such as this, most of the services of this type were provided by the County Agent.

The Keysort System indicates the philosophy that when an existing relationship is not productive, a new relationship can be established that will produce the desired results. This helps the child and relieves the pressure on existing relationships and allows time for productive changes in behavior by the child and the other person or agency in the relationship.



PEABODY COUNTY AGENTS FOR CHILDREN

Advocate

NAME: Holt (LAST) Reba (FIRST) (MIDDLE) — DATE OF BIRTH:

RESIDENCE: Route 3, Lebanon, Tenn. 37035 — HOME TELEPHONE:

CIVIL DISTRICT | RELIGIOUS PREFERENCE | COUNTY | OCCUPATION

PLACE OF BUSINESS | BUSINESS ADDRESS | BUSINESS TELEPHONE

MARRIED | SINGLE | WIDOWED | DIVORCED | SPOUSE'S NAME

SPOUSE'S OCCUPATION | PLACE OF BUSINESS

BUSINESS ADDRESS | BUSINESS PHONE | CHILDREN: MALE / FEMALE / AGE

OTHER ADULTS IN HOME | DATE CARD FILED | BIRTHDAY

COMMENTS:

Took Bass children to Clover Bottom for tests.

KEYSORTER CODE SYSTEM

ALPHABETICAL LISTING OF LAST NAME

1. A
2. B
3. C
4. D
5. E F
6. G
7. H
8. I J K
9. L
10. M
11. N O
12. P Q
13. R
14. S
15. T U V
16. W X Y Z

SEX

17. Male
18. Female

RACE

19. White
20. Black
21. Other

CIVIL DISTRICT

22.
23.
24.
25.
26.
27.
28.

SPECIAL TRAINING

29. Academic
30. Domestic
31. Managerial
32. Technical

RELIGIOUS PREFERENCE

33. Baptist
34. Catholic
35. Church of Christ
36. Episcopalian
37. Jewish
38. Lutheran
39. Methodist
40. Nazarene
41. Presbyterian
42. Seventh Day Adventists
43. Unitarian
44. Other

AGE GROUP OF CHILDREN

45. 0-2
46. 3-5
47. 6-9
48. 10-12
49. 13-15
50. 16-18
51. 19-over

INTEREST AND SKILL AREAS

52. Trainable MR
53. Educable MR
54. Learning Disability
55. Emotionally Disturbed
56. Crippled
57. Blind
58. Deaf
59. Blind/Deaf
60. Speech Impaired
61. Problem Disturbed
62. Low-Economic
63. Other

KEYSORTER CODE SYSTEM

INTERESTS AND SKILLS ABILITIES

64. Academic
65. Art
66. Broadcasting
67. Cooking
68. Dance
69. Drama
70. Electronics
71. Entertaining
72. Farming
73. Gardening
74. Journalism
75. Mechanics
76. Music
77. Sewing
78. Singing
79. Sports
80. Travel
81. Workshop
82. Writing
83, Other

VOLUNTEER ACTIVITY

88. Advocacy
89. Assisting
90. Counseling
91. Directing
92. Teaching
93. Transporting
94. Other

PROFESSIONAL ORGANIZATIONS

95. Bar Association
96. American Medical Association
97. AFL-CIO
98. Business Men/Women of America
99. NEA (Education)
100. NFO (Farmers)
101. ADA (Dentist)
102. Other

COMMUNITY ORGANIZATIONS

103. American Legion
104. Boy's Club
105. Chamber of Commerce
106. Civinettes
107. Civitans
108. Garden Club
109. Girl's Club
110. Jaycees
111. Jaycettes
112. Kiwanis
113. Lions
114. Masonic
115. PTA
116. Rotary
117. Women's Club
118. Other

ATTACHMENT XVIII

PARENTAL DENIAL OF SERVICES FOR A CHILD

The County Agents were most frustrated when parents declined offers of assistance for their child. This posed a most frustrating problem for the County Agents because they were legally and personally against taking responsibility away from the parents. At staff meetings, this problem was discussed many times. The general conclusion was that the County Agent should not intervene and take responsibility away from the parent to provide services for the child. The County Agents sought to assist the parents in fulfilling their role and not substitute for them.

A closer look at the data on those children in Bedford County whose parents declined services for them reveals the following information: (See Attachment XI.)

Four of the children had emotional problems, five had physical problems such as heart condition or epilepsy, three of the children were over 15 years of age and four of them were under 3. These statistics are not easy to interpret, but it is not difficult to conjecture that each one of the categories mentioned in themselves gives some reason why the parents might be reluctant to seek services for their children. Parents are generally very inexperienced with agencies that provide care for exceptional children. In some cases, they have had very negative feedback from professionals and have been discouraged from seeking services.

Regardless of the reason, the County Agents continually faced the question of whether or not to seek intervention on behalf of the child when the parents refused to seek services. They concluded in every case that it was not the task of the County Agent to override the parents.

Their rationale included belief that the parents, even though often limited in resources, had more potency for providing the instrumental and expressive needs of the children than any other person or agency available. The County Agents' goal was to provide enough supplementary services to enrich the work of the home and the parents rather than replace them.

ATTACHMENT XVIX

NAME:

TITLE:

TO WHOM
DOES HE REPORT:

WHO REPORTS TO HIM:

MAIN TASKS OR DUTIES

1.
2.
3.
4.
5.
6.

Performance Discrepancy
First Description:

Answers To Ques

1

2

3

4

I. **He isn't doing what he should be doing.** ***I think I've got a training problem.***

1. What is the performance discrepancy?
1. Why do I think there is a training problem?
2. What is the difference between what is being done and what is supposed to be done?
3. What is the event that causes me to say that things aren't right?
4. Why am I dissatisfied?

Subject # ___

Subject #

Page 2

2. Is it important?

1. *Why* is the discrepancy important?
2. What would happen if I left the discrepancy alone?
3. Could doing something to resolve the discrepancy have any worthwhile result?

ANSWERS TO QUES:

1

2

3

3. Is it a skill deficiency?

1. Could he do it if he really had to?
2. Could he do it if his life depended on it?
3. Are his present skills adequate for the desired performance?

101

ANSWERS TO QUES:

1.

2.

3.

Yes. It is a skill deficiency.
He couldn't do it if his life depended on it.

Answer 1.

4. Could he do it in the past?
   1. Did he once know how to perform as desired?
   2. Has he forgotten how to do what I want him to do?

2.

Answer 1.

5. Is the skill used often?
   1. How often is the skill or performance used?
   2. Does he get regular feedback about how well he performs?
   3. Exactly how does he find out how well he is doing?

2.

3.

Answer 1.

6. Is there a simpler solution?
   1. Can I change the job by providing some kind of job aid?
   2. Can I store the needed information some way (written instructions, checklists) other than in someone's head?
   3. Can I show rather than train?
   4. Would informal (i.e., on-the-job) training be sufficient?

2.

3.

4.

Answer: 1.

7. Does he have what it takes?
   1. Could he learn the job?
   2. Does he have the physical and mental potential to perform as desired?
   3. Is he over-qualified for the job?

2.

3.

It is not a skill deficiency.
He could do it if he wanted to.

Answer: 1.

8. Is desired performance punishing?

1. What *is* the consequence of performing as desired?
2. Is it punishing to perform as expected?
3. Does *he* perceive desired performance as being geared to penalties?
4. Would his world become a little dimmer (to him) if he performed as desired?

2.

3.

4.

Answer. 1.

9. Is *non*performance rewarding?

1. What is the result of doing it his way instead of *my* way?
2. What does he get out of his present performance in the way of reward, prestige, status, jollies?
3. Does he get more attention for misbehaving than for behaving?
4. What event in the world *supports* (rewards) his present way of doing things? (Are you inadvertently rewarding irrelevant behavior while overlooking the crucial behaviors?)
5. Is he "mentally inadequate," so that the less he does the less he has to worry about?
6. Is he physically inadequate, so that he gets less tired if he does less?

3.

4.

5.

6.

Answer: 1.

2.

3.

4.

5

6.

7.

8.

What should I do now?

12. Which solution is best?

1. Are any solutions inappropriate or impossible to implement?
2. Are any solutions plainly beyond our resources?
3. What would it "cost" to go ahead with the solution?
4. What would be the added "value" if I did?
5. Is it worth doing?
6. Which remedy is likely to give us the most result for the least effort?
7. Which are we best equipped to try?
8. Which remedy interests us most? (Or, on the other side of the coin, which remedy is most visible to those who must be pleased?)

Answer:

1.

2.

3.

4

5.

6.

7.

8.

11. Are there obstacles to performing?

1. What prevents him from performing?

2. Does he know *what* is expected of him?

3. Does he know *when* to do what is expected of him?

4. Are there conflicting demands on his time?

5. Does he lack the authority?
   ... the time?
   ... the tools?

6. Is he restricted by policies or by a "right way of doing it" or "way we've always done it" that ought to be changed?

7. Can I reduce interference by improving lighting?
   ... changing colors?
   ... increasing comfort?
   ... modifying the work position?
   ... reducing visual or auditory distractions?

8. Can I reduce "competition from the job" — phone calls, "brush fires," demands of less important but more immediate problems?

ANSWER

1.

2.

3.

4

5

6.

10. Does performing really matter?

1. Does performing as desired matter to the performer?

2. Is there a favorable outcome for performing?

3. Is there an undesirable outcome for *not* performing?

4. Is there a source of satisfaction for performing?

5. Is he able to take pride in his performance, as an individual or as a member of a group?

6. Does he get satisfaction of *his* needs from the job?

ATTACHMENT XX

DETAIL OF PERSONNEL, FACILITIES AND BUDGET

PERSONNEL: Project Director

Plans, directs and develops concepts regarding Child Advocacy, coordinates the data development and analysis, planning, testing and operating phases of the Child Development Project. Prepares project feasibility and progress reports, confers with staff, consultants and key decision makers in the community regarding the project, reviews output data and related reports applying knowledge of systems, procedures, methods and data needed to insure progress of both the research and demonstration phases of the project. Directs revision of the project to adapt it to new data requirements, and to improve operations by using new techniques and approaches.

Must have a familiarity with behavioral science and education principles; of the organization and interrelationships of state and local child serving agencies; and must be learned in the law. He should be a professional at the Doctoral level whose highest function in relating to data will be synthesizing; in relation to people will be negotiating; and in relation to things will be "no significant relationship" (018 according to the DICTIONARY OF OCCUPATIONAL TITLES.

PERSONNEL: County Agents for Children (General Advocates)

Instructs and advises parents concerning education and child development problems and informs governmental and community organizations of available information and services relative to meeting the needs of children; collects, analyzes and evaluates data relating to children, their problems, education and development; plans and develops techniques; and advises parents and Child Advocates to assist in solving problems relating to the instrumental and expressive needs of children. Delivers lectures and prepares articles concerning subjects such as child development, meeting the needs of handicapped children, and education. Demonstrates practical procedures used in solving problems of children. Discusses child advocacy programs with representatives of governmental organizations, volunteer groups, and others to inform them of program services and to obtain their cooperation, encouraging use of service. Prepares activity, planning, and other reports and maintains program records. Prepares budget requests or assists in their preparation. May supervise and coordinate activities of Citizen Advocates in his county. Must have a Bachelor's Degree. A background in child development, education, social science, political science or behavioral science is desired. Will require additional training in child development and related fields.

PERSONNEL: Developmental and Educational Psychologist

Investigates processes of learning and teaching and develops psychological principles and techniques applicable to educational problems to foster intellectual, social and emotional development of individuals; collaborates with teachers, parents, and other educational and behavioral change agents in developing methods of promoting the emotional, mental, physical and social growth of children. Formulates hypotheses and experimental designs to investigate problems of growth, intelligence, learning and improvement of adaptive behavior. Advises, trains and makes recommendations to research and demonstration project staff. Must have a Doctoral Degree.

PERSONNEL: Graduate Research Assistant

Assists Research and Demonstration Project Director in planning, organizing and conducting research regarding the development of Child Advocacy Programs. Analyzes and evaluates data, writes reports containing descriptive, analytical and evaluative content. Interprets methods employed and findings to individuals and agencies. Acts as liaison between psychologists, Project Director, consultants, County Agents and other staff in regard to technical research phases of the project. Should have a graduate degree in a discipline relating to the behavioral sciences, education or other discipline involved in child development.

PERSONNEL: Administrative Assistant

Aids the Project Director by coordinating office services, analyzing operating practices such as record keeping, personnel requirements, operating reports, records, and the like. Performs secretarial duties, prepares memorandums, plans conferences and meetings. Assists in preparation

of publications and training materials. (Rating on DICTIONARY OF OCCUPATIONAL TITLES, Hierarchy of Data, People and Things, is 168).

PERSONNEL: Proposed Director

The proposed Director is H. Floyd Dennis, Jr., J. D., whose Social Security Number is 409-48-5582. Dr. Dennis is currently serving as Coordinator of Community Programs at the Kennedy Center and Research Associate Professor of Special Education at Peabody College. His experience is shown on the attached curriculum vitae. Fifty per cent of his time will be committed to the activity and his responsibilities are those set out in the job description for the Project Director in the description of activities.

PERSONNEL: Educational Psychologist

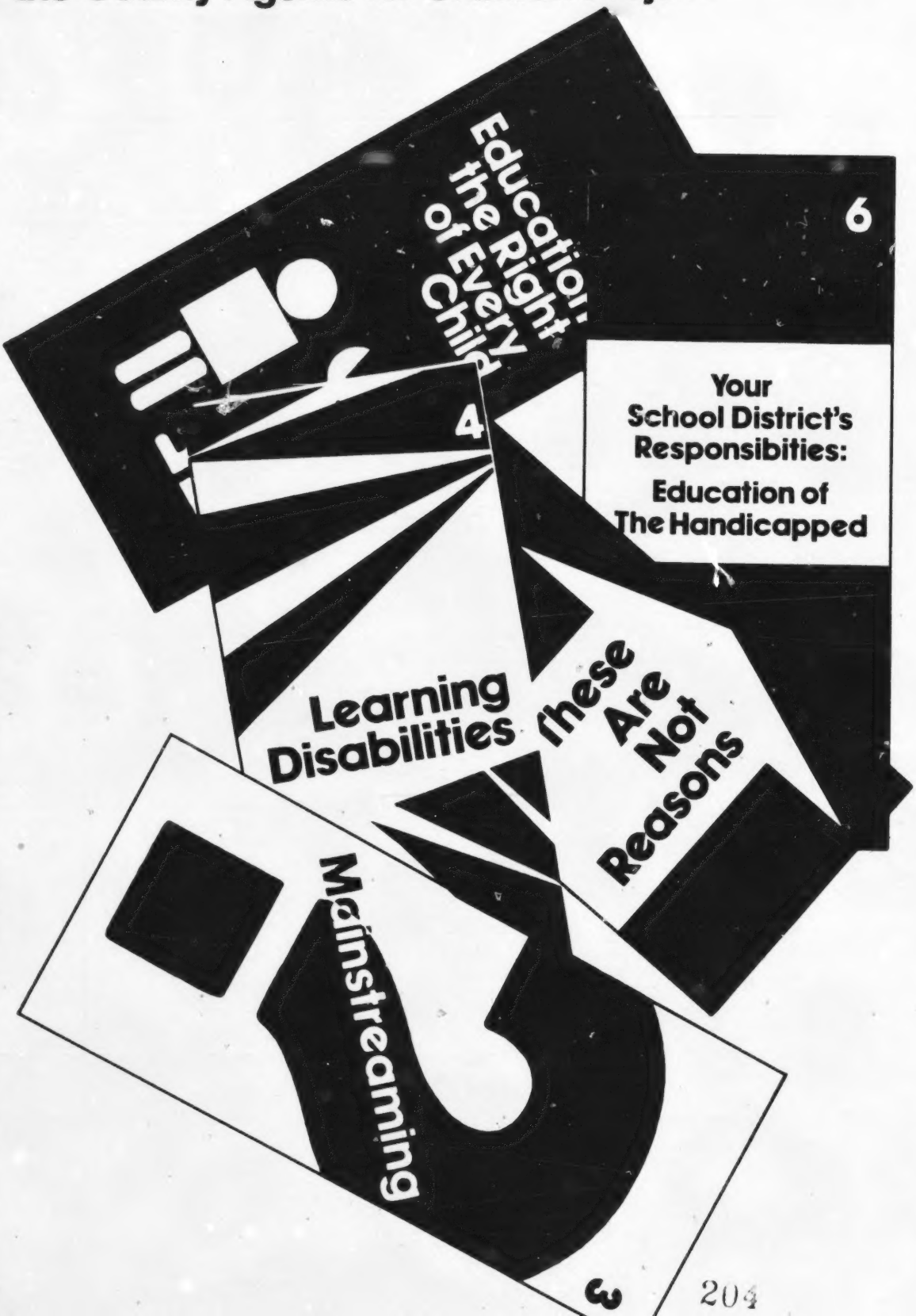
The role of Educational Psychologist will be filled by H. Carl Haywood, Ph. D., whose Social Security Number, position, title and experience are reflected in the attached curriculum vitae. It is proposed that Dr. Haywood will be a continuing consultant to this project in role of Educational Psychologist as heretofore defined and as Primary Monitor of the project. He will also devote considerable effort to developing the training program for the General Advocates.

PERSONNEL: Educational Psychologist

William A. Bricker, Ph. D., whose Social Security Number, position, title and experience are shown on the attached curriculum vitae, will also be a continuing consultant to this project, performing the responsibilities set out for Educational Psychologist. Dr. Bricker has developed several programs for training parents of handicapped and non-handicapped children, training institutional care personnel in behavioral

ATTACHMENT XXI

Brochures produced by the County Agents for Children Project



In September, 1974, public schools must provide equal education for all children. The education must fit the needs of the child and should take place in as normal an environment as possible. All children must be served. The state gives the local school systems monies above the cost of regular services so that they can provide whatever services are necessary. The school system must exhaust all the alternatives to provide service in the regular setting. If it is determined that there is no possibility of adequate service in the regular system, the local school system must pay for whatever education is necessary for the child, even if he has to leave the area to receive it.

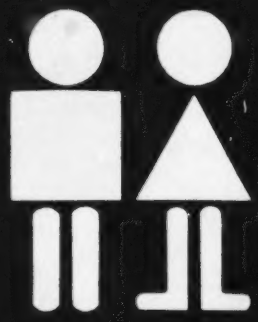
If you are the parent of a handicapped child and you request service for your child, you should find that your school system will work with you to help your child.

You should not hear any of the statements below. They are not reasons for inability to provide service.

1. We do not have classes.
2. We do not have room in our class to include your child.
3. We do not take handicapped children until they are eight years old.
4. We do not accept handicapped children who have not reached a mental age of five years.
5. We do not have classes for junior or senior high-school age handicapped children.
6. We do not accept children who are not toilet trained.
7. We do not accept children who have multiple handicaps (such as hearing loss and blindness, cerebral palsy, etc.)
8. We do not have preschool classes or kindergartens for handicapped children.
9. We do not accept children who cannot walk.
10. We do not have enough money to provide classes for handicapped children.
11. We will put your child on a waiting list.
12. We will stop our program for other handicapped children if you make trouble for us.
13. We will postpone your child's admission and let you know when he can come to school.
14. We are not going to educate or provide a training program for your child.
15. Your child can no longer benefit from any education or training.
16. We cannot send a teacher to your home to work with your child.
17. We do not have money for the type of program your child requires.
18. We cannot provide transportation.

2

Education the Right of Every Child



Every child can learn. And handicapped children are—first and foremost—children. Therefore, they are entitled to the benefits and rights the law gives children, and local governments and school districts in Tennessee will make the same effort for handicapped children as for all children without handicaps. In fact, policies that determine changes in our school system for the benefit of handicapped persons also set guidelines for educating all children.

The law makes certain special provisions for handicapped children.

- The State must provide free public education for each and every handicapped child age 4-21.
- All local public education systems are to maintain a program to locate and identify at the earliest possible age all children who need services.
- State education agency standards of certification, safety and health must apply to any setting in which any and all handicapped children receive services — including public and private agencies.
- Parents must be involved in decisions concerning their handicapped children.

All Tennessee school systems must evaluate the educational needs of their handicapped children at least once each year.

- The starting point of education is different for each child.
- The efforts taken to insure progress are different for each child.

School systems must design programs of public education services sufficient to meet the needs and maximize the capabilities of handicapped children.

- School systems must work with parents to determine the needs of their handicapped children.
- Schools must involve parents in decisions concerning the placement of their children and the aids and services their children need to succeed in learning when so placed.
- Schools must keep parents informed of their children's progress.

Education should be provided in as normal a setting as possible, as close to home as possible.

- Public school systems shall provide or secure the regular and special education and the corrective and supporting services that handicapped children require to benefit from a free public education appropriate to their needs.
- They shall provide those appropriate services in the local school or district to the greatest extent possible.
- They may secure from some other local or regional agency the educational services their handicapped children need if the systems themselves cannot provide those services.
- They remain responsible for their handicapped children even if they must secure them an appropriate education from other agencies.
- They must re-evaluate periodically the special placement of each handicapped child for return when possible to an appropriate program provided in the local school district.
- They must secure the informed consent of parents or guardians for all placement or changes of placement of handicapped children.

Due process for handicapped children and their parents entitles them to:

- the right to prior notification concerning changes in educational programs
- the right to an impartial hearing
- the right to counsel
- the right to present evidence
- the right to examine evidence
- the right to cross-examine
- the right to record the proceedings
- the right to appeal decisions

For further information or assistance, contact:

The Right to Education Office
State Department of Education
Room 116, Cordell Hull Building
Nashville, Tennessee 37219

Telephone (615) 741-3248

What is Mainstreaming?

Mainstreaming means that most children—including the 10% of all students who will need some sort of special service—can be educated partially or entirely in the regular classroom. Mainstreaming does not mean that all children will be served through the regular classroom all of the time. It does mean that the regular classroom is the most suitable place for education and that as much as possible of the education of handicapped children should take place in the normal school setting.

In the language of Tennessee law, mainstreaming means that "Impediments to learning and to the normal functioning of handicapped children in the regular school environment shall be overcome by the provision of special aids and services rather than by separate schooling for the handicapped."

Why Mainstream the Handicapped?

The mainstream of education is thought of in two ways. On the one hand, the mainstream is the kind and quality of education that the majority of students expect and get. On the other hand, the mainstream suggests the part of education where the most learning is going on. Children with handicaps often have been steered out of the mainstream of education.

Now information from scientific research and model programs demonstrates

1. Education in a special setting is not equal education.
2. The educational needs of most children can be met through public schools.

These facts suggest that, if all children have an equal right to education, they have a right to an education in the mainstream. Furthermore, we know that for all children part of the benefit of being in a classroom is contact with other children with a natural variety of abilities and backgrounds and interests.

How Will Mainstreaming Affect Learning?

All children learn at different rates. They each bring to the classroom individual sets of skills, abilities and disabilities and different backgrounds. Those differences determine *where* they begin to learn and *how* much time and effort they must use to learn. In other words, all children really learn as individuals even when they are in groups. Mainstreaming children with handicaps challenges educators to find better and more ways to help all students learn as individuals.

Educators are finding many means to meet the challenge of individualizing their programs. *Learning centers* let some students work productively by themselves while the teacher helps others. *Programmed instruction* also allows some students to study alone at their own speeds and levels. By *team teaching*, two or more teachers each can specialize and give their combined classes or small groups or individuals more

tants can help teachers choose or develop materials, understand and handle classroom behavior and reach out of the school into the community. *Peer tutoring* means students learn from each other.

What About the Cost?

Putting a citizen away in an institution without helping him learn to earn his own way costs about $250,000 for a lifetime. Educating that citizen in public school to a level where he can work for pay is about $25,000. The county need not have to spend that extra $225,000 if it educates rather than isolates that human being. And that person need not lose his freedom for lack of an education.

Special services do cost more than regular education, but the local system does not have to bear the cost of those services. In passing the Mandatory Education of the Handicapped Act (Public Law 839), the State assumed responsibility for the extra cost of all education for persons with handicaps beyond what the local budget should supply every child normally. In 1973 the General Assembly of Tennessee appropriated $38.5 million dollars to locate children in need of special services, to transport them, to hire and train teachers for them and to provide them special services.

Each school district has to present the State Department of Education a plan for providing services for the handicapped. On the basis of that plan, the Department allocates funds to the school system so that it may provide necessary special services at minimum local cost.

How Can Groups Help?

In some counties the PTA or civic and church groups have volunteered to be trained by local professionals to do simple tests of hearing or sight. Others have organized to be classroom aides. Each school system—even each school—has needs that are different that groups can help to meet.

What Can One Person Do?

Already 110,000 children have been identified as needing special education services for the school year 1974-75. You can play a large part in helping your school system educate its children to be useful and productive citizens by:

You can play a large part in helping your county educate its children to be useful and productive citizens by:

- insisting that your school system applies for and uses the state funds available for special services.
- providing political support for the school system in its effort to implement the law.
- helping spread information about the law and its effects and benefits to persons with handicapped children who may not know about the law.
- asking your school superintendent or local principal how you can help directly as an individual.
- encouraging groups to which you belong to work for and with handicapped children through the school program.

You may be the only person who can see that some handicapped child is identified in time to be educated to his full potential in the public schools.

For further information or assistance, contact:
The Right to Education Office
State Department of Education
Room 118, Cordell Hull Building
Nashville, Tennessee 37219

Did You Ever . . .

. . . Look at a part of a word but forget that part before you could make out the rest?

. . . have every sound and every movement in a room catch your attention so much you couldn't sit still?

. . . get to the point where you couldn't remember more than one simple direction at a time?

. . . have trouble making yourself stop doing one thing to switch to another?

All of us have to a small degree some of the problems that are called learning disabilities when they are severe. But only one or two school children in a hundred have problems to a degree that serious. Even when learning problems are severe there is help in the regular public schools under the new Mandatory Education of the Handicapped Act.

You Can Help the School Understand Your Children

As parents you see more of your children in different situations than educational experts can. You may be able to help teachers and other school personnel understand when your children need special help if you know that some kinds of behavior can be signs of learning disabilities.

If the problems of your child or children are major, identifying them early as learning disabilities means seeing that the children get the kind of expert special materials or training or environment they need to be able to learn in spite of their

children's behavior accurately can help the school serve them more successfully.

What Kinds of Behavior May Signal Learning Disabilities?

Unusually short or narrow attention span

A child may stay interested in a fast-moving cartoon or an active game but have trouble being still long enough to do something like read. He may be able to play a game like checkers where he mainly moves in one simple direction but lose interest quickly in putting together a puzzle that has a number of parts and calls for different kinds of decisions. The length of an attention span is important if it is too short to get work or play finished. Its width is important if it is too narrow for the child to be able to switch back and forth from one activity to another or handle a number of rules or parts.

Distractibility

A child may pay attention to every sight and sound around him to such a degree that he can't finish anything. No matter how much he may like what he is doing, anything else that comes along will derail him.

Hyperactivity

A child may be constantly moving whether he is sitting or walking around. He stays on the go so much that he gets very tired in school. He hops from one thing to another so fast that school activities seem to him to have no order and make no sense. His difficulty in learning frustrates him and

Hypoactivity

A child may be almost totally still all the time. Moving is such an effort that he prefers not to take part in class activities. Because he has to work hard even at listening, he makes little sense out of class. His attention wears out as fast as he does, and he may daydream a great deal.

Lack of Coordination

What seems simply clumsiness or loudness may be important clues to learning problems. Repeatedly knocking over milk may mean children can't tell when their hands have reached the point they see. That same problem of depth perception may make them fall up or down stairs because they step where they think they see a step and find it's either closer or further away than they realize. Children who don't move an object accurately right or left when they mean to have perception problems too. If their voices get louder and louder, if they're always crashing into something because they swing arms too far or move too fast, if they break crayons because they press down too hard – all their overdone actions may be signals that they need help in coordinating their eyes and ears and muscles (modulating).

Speaking, Writing and Reading Difficulties

Sometimes children have more than usual trouble keeping time words like *yesterday* and *tomorrow* or *before* and *after* sorted out. Sometimes saying *behind* for *in front* and *left* for *right* shows difficulty in perceiving space. Those spoken errors are clues to expect children – both when they read and write – to confuse

letters like *b* and *d* and *p* and *q* that look alike except for the way they are turned. Guessing at words like *where* and *there* suggest children can't hold the picture or the sound of the first letters until the end of the word. Also, very similar sounding words like *share* and *chair* may sound identical to children with perceptual problems.

When is Behavior Normal and When is it a Clue to a Possible Learning Disability?

At some time in the normal development of every person most of these kinds of behavior occur. When they occur as a natural part of learning – as when a young child learning to judge distance spills his first few glasses of milk – there is no reason to think of them as more than a passing phase in growing. Only when these behaviors last much longer and are much more severe than there is reason to expect – so much so that they obviously make learning very difficult – only then should they be looked at as clues to possible learning disabilities.

What if Your Child Seems to Have a Learning Disability?

As soon as you or anyone in the school system notices behavior by your child that suggests a learning disability, seek whatever help the school offers. Ask questions until you are satisfied that school personnel know your child and his needs well enough to design the kind of individualized education he needs to be educated to his full potential.

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State Department of Education
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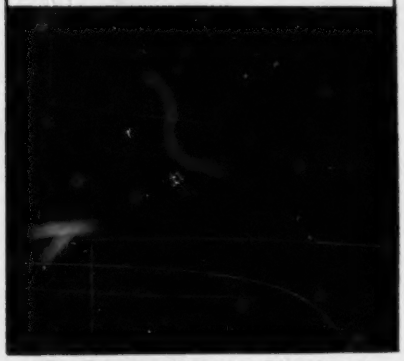
Telephone (615) 741-3248

6

Your School District's Responsibities: Education of The Handicapped



The Tennessee Mandatory Education of the Handicapped Act (Chapter 839 of Public Acts of 1972) requires that public schools provide free appropriate special educational services, programs, aids and facilities for all handicapped children ages 4-21. A Consent Order by the Chancery Court of Davidson County further requires that each school district maintain an accurate census of its handicapped citizens ages 0-21.

Your school district should be looking closely at your school population and planning to identify and meet the needs of those of its students with handicapping conditions.

Each Local Education Agency Shall

- develop a comprehensive plan to provide special education corrective and supportive services for all handicapped persons ages 4-21.
- maintain an accurate census of handicapped citizens aged 0-21 within the school district.
- plan means for screening the entire school population to detect all persons who may have some condition that may require special educational help.
- secure informed parental consent before administering an evaluation or test which may be used for individual placement but is not administered to all members of that individual student's particular class.
- guarantee that an individual's records not be shared except with parental approval with persons or agencies who are not required to provide that student appropriate services.
- establish teams of professional persons
  - to evaluate referred students to determine whether or not they need special services.
  - to identify precisely what programs or services in what placement will give persons with verified handicapping conditions appropriate educations.
  - to recommend for each person with a handicapping condition a specific placement and schedule of services for his appropriate education.
- devise the special education services necessary to meet the needs of the local population of students with verified handicaps.
- provide or adapt physical facilities to those needs.
- employ qualified personnal
  - as teachers.
  - as diagnostic and prescriptive specialists.
  - as support specialists.
- obtain special equipment appropriate to meeting those needs.

  design or procure any special materials necessary for appropriate education.
- inform the public in general and parents and guardians of children with handicaps in particular of the availability of and the intention to provide appropriate public education of the handicapped.
- develop a due process procedure to guarantee parents' or guardians' involvement in review of the basis for providing special education programs for their children.
- inform parents or guardians of children with handicapping conditions of their right to appeal and the procedure for appealing that basis for student placement.